

DOWNSIZING IN HEALTH CARE FACILITIES

A CRITICAL STUDY OF THE CONGRUENCE BETWEEN  
CHANGING EMPLOYEE NEEDS AND CHANGING ROLES  
OF STAFF DEVELOPMENT

CENTRE FOR NEWFOUNDLAND STUDIES

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***Downsizing in Health Care Facilities***

**A critical study of the congruence between  
changing employee needs and changing  
roles of staff development.**

**By**

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**A thesis  
submitted to the School of Graduate Studies  
in partial fulfilment of the requirements for the degree of  
Master of Education**

**Faculty of Education  
Memorial University of Newfoundland**

**February, 1997**

*"Our grand business is not to see what lies  
dimly at a distance, but to do what lies  
clearly at hand." -- Thomas Carlyle*

## Abstract

In the Budget Speech of 1992, it was announced that the Government of Newfoundland and Labrador intended to review the number of Boards operating health care organizations under the Hospital Act. A final report entitled Reduction of Hospital Boards was submitted to the Minister of Health, the Honourable Hubert Kitchen, by Lucy C. Dobbin of Carrick Consulting Services, in March of 1993. This report outlined the principles under which the reduction in the number of Boards should be considered, and made ten (10) recommendations to the Provincial Government as to how the process should proceed. Since 1994, health care in this Province has been regionalized, health care facilities have been closed and/or amalgated, health care beds have been eliminated, and health care employees have experienced change in their job status—downsizing.

The intention of this study was to identify the changing employee needs and the changing roles of staff development services that have been created by this downsizing process, and to determine the congruence, or the fit, between the two. The intention of this study was also to identify ways in which staff development services could be more effectively utilized to help meet the needs of health care organizations and of health care employees, during this very critical period in the health care history of this Province.

### Acknowledgments

This document represents the completion of a period of study, and a period of my life, that has been personally challenging but also productive and rewarding. I wish to thank Dr. Clar Doyle for his guidance and encouragement, and all my other teachers and mentors during the past three (3) years. Without your patience, encouragement, and insightful sharing, this accomplishment would not have been possible.

I also wish to thank the health care employees who gave their time, described their feelings, and shared their perceptions. This study could not have been completed without you.

And finally, to my husband and my children, thank you for understanding my goal, and for your support, help and encouragement along the way. Special thanks to Deanne for her help at the keyboard. With the extra strength that family provides, many goals can be attained!

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## **CHAPTER ONE**

### **STATEMENT OF THE PROBLEM**

#### **Introduction**

Health care is now one of the largest industrial enterprises in the nation (Watts, 1993). The infrastructure and the number of jobs within the health care system have grown enormously. The costs continue to rise, and are now considered by many to be unacceptable. However, the health care system's interests are not always responsive to the public or the health care consumer's needs or expectations.

Canadian health care systems are currently in the throes of a restructuring process (Sudderman, 1995). A new emphasis on primary and preventative care is hailed as long overdue by the leaders of all health care professions (Godfrey, 1994). One of the major effects of this paradigm shift is the rearranging, or restructuring of services, consolidation of services, and the elimination of large numbers of employees, or downsizing. All these actions are being taken in an effort to position health care organizations securely for the future.

Downsizing involves a shifting of priorities from curative medicine and hospital services to community based care (Baumgart, cited in Sudderman, 1995)



The closing of beds and the forced termination of employment for many individuals, are events that affect both the health care facility and the employee, in profound and longlasting ways. One of the most devastating effects of the downsizing process on health care employees is the actual, or fear of the potential, loss of jobs. Jobs provide employees with the financial security to obtain the essentials of life. Jobs also provide opportunities for self-fulfilment and growth, for the development of a sense of purpose within a group, and for building a sense of social identity. The threat, or potential threat, of job loss will result in the anticipation of loss among employees. Often great loss will be anticipated!

Health care employees frequently react to the downsizing process with feelings of anger and demoralization (Barnes, Harmon, and Kish, 1996). The downsizing process provides staff development personnel with a wealth of opportunities to promote positive personal and professional self-esteem and positive coping skills among employees (Sudderman, 1995). It is essential that issues even remotely suggestive of the idea that downsizing is downgrading, or even worse that it is degrading or devaluing, be avoided. Employees need to hear positive messages that reflect their value to the organization.

Staff development personnel must be aware of the many effects that the downsizing process may have on health care employees. This awareness will permit the development and the delivery of educational and training programs

that are sensitive to the needs of the employees. Downsizing creates unique challenges for the health care facility, the employee, and the facility's staff development personnel.

### **Background to the Study**

The threat of job loss has complex effects on both the employee and the workplace. The overriding characteristics of employees' reactions to job loss are grief and anxiety. The grieving process begins with anticipated grief when the employee hears rumours of the impending restructuring and downsizing. As a part of the grieving process, personal anxiety, and anxiety about the changes that are to come, are the feelings most frequently reported by employees. Anxiety is prevalent in all situations that individuals perceive as posing a threat. The employees who retain their jobs within the facility also report anxiety caused by overwhelming feelings of sadness and guilt.

Downsizing may not be the name for an intricate medical or surgical procedure, but health care employees find it just as painful. Many employees view downsizing as something that can happen to them regardless of their years of service, or their loyalty. Employees experience extreme feelings that the organization has betrayed them.

Working continuously in an environment that is characterized by uncertainty and change often creates some very unique needs in the employees

who are affected by this environment. Having worked in a health care environment that has been under the constant threat of downsizing for the past two (2) years, I have experienced and witnessed some of the paralyzing effects of anxiety caused by uncertainty with respect to one's future job status. Even worse are the effects of a constantly grinding rumour mill; one week a rumour that is very positive for you personally, and the next week a bleak, negative rumour. This study was undertaken with the assumption that downsizing creates employees who suffer from the effects of anxiety and insecurity, and that the special needs of these employees can be met to a large degree by the optimal use of the resources of staff development personnel.

### **Purposes of the Study**

The purposes of this study are four-fold:

1. To identify and describe the specific effects of the downsizing process on employees working within health care organizations.
2. To identify the specific learner needs of employees who are anticipating, experiencing, or have experienced downsizing.
3. To determine the extent to which staff development personnel are currently meeting the needs of employees affected by downsizing.
4. To identify, and to recommend ways in which the needs of health care employees, during downsizing, may be met by staff development personnel.

### **Significance of the Study**

There is a paucity of literature addressing the needs of employees and the role of staff development personnel during the downsizing process (Sudderman, 1995). The results and the recommendations of this study will provide health care facilities with an up-close, and personal, view of the education and training needs of employees that are caused by the downsizing process. The results and recommendations of this study will also provide the administration of health care facilities with guidelines for the optimal utilization of their staff development resources in meeting the specific needs of employees at this time.

The study results will also be of great benefit to health care organizations that have undergone downsizing. Health care organizations that have completed one downsizing process are six (6) times more likely to do so again (Barrett, 1995). Downsizing tends to become a process of continual refinement.

The following chapter will examine some of the most pertinent literature related to the effects of downsizing on health care employees, and the effective utilization of the staff development resources of health care organizations

## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

This chapter touches upon some of the most pertinent issues in the literature related to change, downsizing in health care organizations, staff development, and the adult learner.

#### Change

*"Few will have the greatness to bend history itself; but each of us can work to change a small portion of events, and in the total; all of those acts will be written in the history of this generation." -----Robert F. Kennedy*

#### Change Theory

##### The Nature of Change

In his book Change Forces, Michael Fullan (1993) describes a group of teachers in maritime Canada who describe change as, "A planned voyage into uncharted waters, with a leaky boat, and with a mutinous crew" (p.24). Fullan outlines a new paradigm of change that involves the following eight guidelines:

- What matters cannot be mandated. A cardinal rule of the human condition is that one cannot make people change, force them to think differently or to compel them to develop new skills.
- Change is not a blueprint; it is a journey. This journey is loaded with uncertainty and excitement, and is sometimes perverse. If individuals do not venture into this uncertainty, no degree of change will occur.

- Problems are friends. Problems are inevitable; no learning takes place without them. Becoming immersed in problems results in creative solutions.
- Vision and strategic planning come later. Premature vision and planning can be blinding. Vision does not precede action, it emerges from action. Vision utilizes a "ready.....fire.....aim strategy" (p.10)
- Individualism and collectivism have equal power. Proactive change is a result of overcoming isolation, while not succumbing to groupthink.
- Neither centralization nor de-centralization work. Both top-down and bottom-up strategies are necessary to effect change. Centralization may err toward over-control, but de-centralization errs toward chaos.
- A connection with a wider environment is critical. The best organizations learn from external as well as internal services. Many organizations fail to keep a proactive stance toward the environment.
- Every individual is an agent of change. Change is much too important to be left to the experts.

### **Categories of Change**

Hanson (1991) identifies three basic categories of change: planned change, spontaneous change, and evolutionary change. Planned change is deliberate; utilizing conscious effort to reach a pre-determined end. Planned change can be carried out either formally or informally. The three (3) cornerstones of planned change are: a full understanding of the technology of an innovation, a knowledge of the environmental constraints, and an established strategy for the change process. These cornerstones have numerous variations and require that time and energy be invested to determine the most effective combination. An example of planned change would be the restructuring and downsizing that is currently

underway within many health care facilities.

Spontaneous change occurs as a result of natural circumstances and random occurrences. There is no deliberate attempt to bring about this type of change. No grand plans direct its course; it just happens. An example of spontaneous change would be the change in peoples' attitudes toward their place of employment when they realize that their jobs and their livelihood may be in jeopardy because of impending downsizing.

Evolutionary change takes place as a result of long-range planning. Evolutionary change is associated with the belief that through time people, conditions, and events will improve. An example of evolutionary change would be employees' eventual acceptance of downsizing as a reality in today's health care system, and subsequent preparations to guard against the unpleasant effects of the process on individual employees.

### Change Strategies

Change can be approached and accomplished using various strategies. To those who may be fainthearted about entering the ring of change, Machiavelli (cited in Hanson, 1991) offers some sage advice in The Prince, written about 1513:

It must be considered that there is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle, than to initiate a new order of

of things. For the reformer has enemies in all those who profit by the old order, and only luke-warm defenders in all those who would profit by the new order.(p.301)

Change can be approached using an earthquake, or incremental approach (Hanson, 1991). When contemplating a change the question of degree is crucial. An earthquake change is very high risk and must be hit just right. Incremental change involves a series of small steps forward. Incremental change is considered to be the most efficacious change strategy. Although incremental change is not quite as glamorous as earthquake change, it usually has better, surer results.

Machiavellian change strategies are dedicated to accomplishing the change, but demonstrate no bias toward the use of democratic procedures or respect for close relationships. This strategy concentrates efforts to a few key targets and involves fighting to win when necessary. It supports seeking out the history on important issues, building coalitions that can support change efforts, and using groups that can bring pressure to bear on the internal processes of an organization. Although adopting a Machiavellian strategy is sometimes viewed as "playing dirty", in the real world this strategy and the tactics involved, are important skills to be learned.

The hatchet-man change strategy is not among the noble class of strategies. Use of this strategy usually indicates that major organizational surgery has been diagnosed and that the surgeon has just arrived. This strategy responds only to the needs of the organization, ignores the needs of employees, and considers that



in any situation the most powerful will be the winners. Loyalty is viewed very highly, trust and friendship are scarce commodities, and the focus is on breaking up coalitions that have power. A "quick strike" approach is used because it is thought to avoid unpleasantness, and a "get out quick after the deed is done" approach is thought to relieve the frustration and trauma that has been caused.

The white hat strategy utilizes relationships, trust, and democratic procedures at all times. Havelock (cited in Hanson, 1991) identifies relationships as the focus of this strategy. Diagnosing problems with clients, identifying and obtaining relevant resources, generating solutions, and encouraging acceptance and stabilization are also primary characteristics of the white hat strategy.

The guerrilla change strategy is utilized from within an organization. This approach builds up areas of support in the organization and then expands by drawing in other elements. This strategy is purposeful and committed to effecting very specific changes. Consciousness-raising and social networking are the main tools used with this strategy. Often the guerrilla strategy works against formal leadership in an attempt to bring about change and win concessions, and may be initiated covertly. The unionization of employees is an example of using the guerrilla strategy to effect change. Of the various strategies that can be utilized to bring about change, the guerrilla strategy is probably the least understood.

### **The Individual and Change**

In a world where change mirrors life itself; in which you can never be perfectly happy or permanently in harmony; people with knowledge of how to view, cope with, and initiate change manage much better than others (Fullan, 1993). The Greek philosopher Heraclitus, in 500 BC., made several interesting statements concerning change and the individual. He commented that an individual could never step into the same river twice; that strife is the basic condition of the natural world, causing everything to be in a continuous motion and continuous change; and in the human condition nothing is permanent except change.

However, behaviourists have been known to say that humans will change only as little as required (Smith, 1995). In his book Teaching the Elephant to Dance, James Belasco (1990) relates individual change to training an elephant:

Trainers shackle young elephants with heavy chains to deeply imbedded stakes. In that way the elephant learns to stay in its place. Older elephants never try to leave even though they have the strength to move the stake and move beyond. Their conditioning limits their movement with only a small metal bracelet around their foot, attached to nothing. (p.2)

Like Belasco's elephants, often an individual's conditioning and attitudes toward change block their ability to think in anticipation of specific changes. Blocks are created when there is a lack of commitment and feedback, and a satisfaction with, or a vested interest in, the status quo (Smith, 1995). Individuals

who have poor attitudes toward, and inadequate knowledge of the proposed change, also have problems embracing change. Closed organizational systems' lack of organizational supports, static organizations, and inadequate rewards for change create blocks for both organizations and the individuals involved in the change process.

Even when change is anticipated, individuals will experience an initial anxiety. The most conscientious individuals will experience real concern throughout the change process. All those concerned must be given the opportunity to work through their personal beliefs in the light of the change. These opportunities must be provided in a non-threatening environment with their peers, so that concerns about the change can be voiced. Individuals need to have some control over, and a say in, the change process to fully adapt their beliefs to the change.

Sergiovanni (1993) makes seven (7) recommendations that will ease the change process for the individuals involved:

- . The individuals who will be involved in the change should always be of primary importance.
- . The change itself is always secondary to the people.
- . The concerns of the individuals involved must always be acknowledged.
- . Adequate time must be provided for individuals to express their concerns.
- . Common understandings are essential to accomplish effective change.

- . Individuals should choose change alliances carefully.
- . The number of changes that are attempted at one time should be limited.

Individuals usually accommodate change in stages. For most individuals, the first stage in accommodating change is denial. Denial permits the individual to register the change and permits his/her reactions to accommodate the change. Employees experience a feeling of numbness. They do not react, but tend to focus more on the way things used to be. The second stage is one of resistance and is characterized by self-doubt, anger, depression, and anxiety. During this stage there is usually a great deal of grumbling, causing individual and group productivity to plummet. The third stage is one of exploration. This is an exciting and exhilarating stage, characterized by a release of energy and development of a new sense of purpose. This stage may become quite chaotic and stressful if adequate structure is not provided. The final stage is one of commitment. In this stage individuals become ready to refocus on, and move ahead with, the planned change. This stage will usually last until the next major change is planned.

To withstand the stress of change, individuals must utilize a number of very important skills. They must achieve a full commitment to their work, and be able to create a sense of purpose and meaning in what they do. They must also experience a sense of control and personal power, looking for those areas of their

jobs over which they can exert control. Individuals who cope effectively see change as a challenge, an opportunity to learn new skills. They are able to make connections, to value friendships, to feel respected, and to have common bonds with those around them.

Change is a highly personal experience to every individual. It is a process that requires the individual to progress through stages. The individual must always be the primary focus of the change process.

### **Change in Health Care Systems**

The training of health care employees, the organization of health care facilities and health care systems, the operation of the health care hierarchy, and the treatment of health care systems by political decision makers, results in a system that is more likely to try to maintain the status quo, than to change (Fullan, 1993). When change is attempted under such circumstances, the result is often defensiveness, superficiality, or at best short-lived pockets of success.

Many of the changes that have occurred in the health care industry over the past several years have affected almost every service within the industry (Fr. Tripp, 1990). Regulations regarding payment for health care services have had a broad impact on a variety of issues, many of which involve change for employees. Many institutions have decreased the overall number of employees and acquiesced to payers' demands to decrease patients' lengths of stay. At the same time,

attempts have been made to maintain the traditional high quality of patient care with fewer numbers of employees doing the same number of tasks. This creates many challenges for the health care system. For clinicians this involves treating and discharging patients who may still be ill; for support staff it means responding to more patient calls; for managers and administrators it involves dealing with low employee morale and squeezing more productivity out of fewer resources.

To stay competitive in the marketplace, many hospitals are downsizing to reflect the decreased demand for acute care beds (Barnes, Harmon, and Kish, 1986; Godfrey, 1994; Ireson and Powers, 1987; Pawlick, 1994). The resultant forced termination of employment is an event that creates changes that effect both the employer and the employee in profound and longlasting ways. The relocation of both permanent and temporary employees has increased, causing the need for these employees to adapt to some very specific changes.

In a study of 281 American Hospitals, Japsen (1993) found that the hospitals that reduced staffing by 7.75% or more were 400% more likely to experience an increase in patient illness and mortality rates. In this study 72,000 health care workers at 84 hospitals were interviewed. The results indicated that 31% of the employees indicated that time was being wasted through paperwork, re-work, duplication of work, or inappropriate work. This wasted time consumed 65 billion of the 384 billion dollars spent for health care in hospitals alone. When staff size is changed without a corresponding change in work assignment, waste is

not eliminated.

The specific in-house changes associated with downsizing have been numerous and diverse (Snyder, 1994). Many of the effects of these changes have had unanticipated effects on the employees and on the customers of the health care system.

### Downsizing

*"Downsizing..... rightsizing..... layoffs.....re-structuring---these terms all define employer imposed cuts in human resources, aimed at reducing expenses." ----- Avis M. Russ (1994)*

### The Process

#### Rationale

In hopes of gaining greater efficiency and effectiveness, many businesses are streamlining operations (Barrett, 1995). Industry specific factors and economics, driven by global economic shifts, have put health care facilities under pressure to downsize. Health care facilities have seen the value of their portfolios plummet due to a decrease in interest rates and widespread refinancing. The bottom line is that debts must be serviced. One solution is to streamline operations, with the largest savings coming from the elimination of employee positions.

In recent years health care facilities have been engaged in various internal

and external restructuring activities in an effort to survive (Godfrey, 1994). Some of the biggest health industry news stories have been related to hospital consolidations and mergers. The re-structuring being experienced by Canadian health care facilities, has long been called for by the leaders of the various health care professions (Sudderman, 1995). One of the dilemmas being experienced with the re-structuring process is the slow progress being experienced in the shifting of priorities from curative hospital services to community based primary care and health promotion. Canadian health care facilities are currently confronted with the mandate to close beds so that resources can be shifted to community services. This is a process commonly referred to as downsizing.

### **The Objectives of Downsizing in Healthcare**

Just as it has proven necessary in such large corporations as General Motors or International Business Machines, some form of downsizing is necessary in health care because of the high cost of the system.

Watts (1993) outlines the objectives of the downsizing process in health care. The predominant goal of downsizing is to decrease the cost of a health care infrastructure that has risen far beyond the ability of the consumer to pay. Other objectives of the process include reduction of the cost per health care customer served, service for more customers, more effective customer service. The process also aims to create a health care system that pays more attention to



customer needs and expectations, and that promotes and accommodates progress and change.

Downsizing in health care might better be viewed as downsizing the enormous and ever increasing overhead, waste, and inefficiency that now pervade the system. The dollars thus saved would be allocated to meeting the basic needs of all the systems customers, including those customers who are without adequate access to the system.

### **Pre-Downsizing**

Pawlicki (1995) describes a pre-downsizing period that begins when rumours start to circulate about forthcoming changes to the health care organization. This period ends when decisions about reducing employee numbers are announced. Employees often find that they have no control over their fate, and because of this, often become over-alert. They may misread signals about unit closures or involuntary redundancies. Employees become guarded about exposing their true thoughts and feelings, and their actions often become very controlling, especially toward patients.

During this period employees tend to split into newer and older groupings depending on the length of their employment. When employees are asked to adopt a realistic approach to downsizing, they may feel abused and abandoned. If the pre-downsizing period is not curtailed reasonably early, employees may find it

difficult to maintain empathy with co-workers and with patients. As with any trauma, prolonged threat to job and financial security will cause employees to "numb-out" in order to survive. As a result the employee's job responsibilities may suffer.

Employees become preoccupied with survival and therefore have limited emotional capacity, thus decreasing their feelings of personal job satisfaction. Negative feelings, resulting from traumatic and devaluing experiences, are often passed on to patients. In turn, patient behaviours become increasingly manipulative.

### **During Downsizing**

Timing is crucial to the downsizing process. Once a schedule is determined, implementation should continue according to schedule, so that employee and community apprehension is decreased (Rozboril, 1987). The process is best thought of as a spectrum of activity. It is a continuum that encompasses not only elimination of positions, but also early retirements, hiring freezes, attrition, conversion of positions to part-time, job sharing, delays in salary increases, salary reductions, mandatory time off, and furloughs (Webber, 1994). It is important that the health care facility meet with the employees that are to be affected, to explain the proposed actions and present employee options (Rozboril, 1987; Godfrey, 1994).

The whole downsizing process should be conducted in a manner that is respectful of human dignity (Webber, 1994). All employees need time to adjust, and need adequate information with respect to the implementation of the process. Specific guidelines should be followed during any downsizing process. These guidelines include:

- Advance notice of change in job status should be given to all affected employees. Written notice of at least 10 days should be given, and employees should never be asked to leave immediately or at the end of the week.
- Employees who are to experience a change in job status should be given the rationale for the decision affecting their jobs. If the decisions have followed due process there should be nothing to hide. Withholding or providing misleading information, is an insult to those who have served the health care facility.
- Early departure of employees should be discouraged. Encouraging employees to stay until their effective date recognizes their contribution and accentuates the fact that the health care organization cares about them. The fear that the laid-off employees will sabotage the organization has no credibility in the average employment setting.
- All other employees should be informed of the lay-offs and the rationale for them. Survivors of the downsizing process are often demoralized, insecure, and feel somewhat guilty. All employees need a clear, honest explanation of why they remain while some of their colleagues are gone.

Whether implemented quickly or slowly, downsizing is a traumatic experience for employees (Pawlicki, 1994). The trauma results from an event that overwhelms the ordinary system of care that gave individuals a sense of control,

connectedness, and meaning.

Health care organizations can approach the downsizing of the number of employee positions using a variety of strategies (Webber, 1994; Barnes, Harmon & Kish, 1986).

- . Across the board reductions of employees can be made. Some health care organizations ask each department to reduce by a standard percentage. Although this practice treats all departments equally, "equal" is not necessarily the same as "fair". If emphasis is to be placed on quality and efficiency of service, across the board reductions are rarely appropriate.
- . Reducing employee positions can be based on ability/qualifications/performance. The ongoing needs of departments and organizations require that attention be given to employees' abilities, qualifications, and performance. This procedure usually requires close monitoring to avoid its being used to separate employees on a basis of performance or behavioural problems.
- . Diversity can be used for the basis of employee reductions. An employee's potential for lay-off should be reviewed for its effects on workforce diversity, for example minority groups or women. A commitment to workforce diversity should be an essential, not a luxury.
- . Employee reductions can be based on seniority. Organizations should have a greater loyalty to those employees who have served for longer periods. It is often appropriate to consider seniority when selecting employees for lay-off, but seniority should not always be the deciding factor.
- . The best decisions regarding lay-offs are often made by taking a variety of criteria into consideration. The criteria used should be carefully reviewed on the basis of each individual case.

It is extremely important that the individual who has to inform employees

of lay-off, be very clear about the criteria that were used to make the decisions. This will enable the employees to understand the rationale for the decisions that have been made.

### **Post-Downsizing**

The post-downsizing period can last up to a year after the decisions about employee and department reductions have been finalized and implemented (Pawlicki, 1994). During this period employees are vigilant for any signs that their unit or their department will shrink any further. Some will have assumed new jobs or will have been reassigned to new areas, and a number will have resigned in an effort to regain a sense of control. Feelings of anger may be reflected in the terms they use when referring to the changes that have occurred. For example they may refer to their co-workers, units, or departments as being "murdered" or "killed-off".

Some employees may feel more personal connections with the former system and colleagues than with the new regime. This dysfunctional state may be fulfilled by a fantasy that they can preserve the philosophy, treatment modes, co-workers, and departmental identities that have been lost. Other employees may experience "survivor guilt" because co-workers have lost their jobs, while they are still employed. It can be predicted that trust between employees and managers will break down.

This post-downsizing period is characterized by employee feelings of disorientation. Employees are physically and mentally exhausted, and levels of sick leave can be expected to rise. The ability of employees to make simple, routine decisions is hampered because everything seems different. Performance errors occur with increasing frequency and job related injuries increase. Some employees may lose their faith in treatment approaches and job practices.

There are many activities that are necessary following the downsizing process. The implementation of these activities are time and energy consuming (Rozboril, 1987). The following areas should be the focus of a health care organization's energies after downsizing has occurred:

- . Morale building should be a major focus, so that employees' trust can be re-established. To accomplish, this communication should increase and employees should be permitted more input into decision making.
- . Facilities should put a great deal of effort into improving their image in the community. Any misinterpretations of activities should be cleared up and public relations activities should be increased.
- . Recruitment efforts will be necessary because of the decrease in the numbers of full-time employees. In many areas there will be a need to increase the numbers of part-time employees.
- . Centralization of employees is necessary to achieve efficiency and creative staffing patterns. All staffing and scheduling functions should be centralized.
- . Close productivity monitoring for each work unit should be undertaken to enable immediate adjustments to changing situations.

- Examining of roles and associated tasks should be undertaken in every service. Roles and tasks should be defined and re-defined as necessary.

Downsizing is like taking medicine; you get short term improvement to the bottom line (Barrett, 1995). When the medicine wears off, you want to take it again, therefore it becomes cyclic. An organization that downsizes once, is six (6) times more likely to do so again. The process becomes one of continual refinement.

No two (2) health care organizations will experience the downsizing process in the same manner. But, organizations that are approaching the process should establish a systematic plan so that chaos can be minimized (Rozboril, 1987; Godfrey, 1994). The management of the health care organization should be available to employees and encourage open discussion. Employees should be permitted as much input into decision making as possible. Employees whose jobs have been effected by downsizing should be provided with as many supports as possible.

### The Employee

#### Personal Pain

When their jobs are threatened, health care employees experience fear, anxiety, and loss of structure and order (Sudderman, 1995; Webber, 1994). Job loss also impinges an employees sense of belonging to a group, and threatens self-

esteem because the employee's sense of importance is challenged. Work provides not only financial security and the basic necessities of life, but also social interaction, opportunity for self-fulfilment and growth, a sense of purpose within a group, and a social identity.

Human reaction to actual or perceived loss is grief, whether for the loss of jobs, or for changes in the organization. Fr. Kevin F. Tripp (1990), a hospital chaplain, states that more and more chaplains are finding themselves called upon to minister in a climate of grief, caused by health care organizations in crisis. Fr. Tripp discusses the appropriateness of application of the five stages of grief (Dr. Elisabeth Kubler-Ross, 1969) when working with employees in healthcare facilities that are downsizing:

- . Denial and isolation are experienced by employees when the facility is going through the motions pretending everything is normal. Employees deny reality by refusing to discuss problems and leaders are uncommunicative and/or unavailable. Isolation happens because leaders are unavailable to employees, leaving the employees feeling very much left out. Employees are usually polite but distant.
- . Anger erupts when pretence no longer suffices; anger, rage, and envy take control. These emotions are very difficult for employees to deal with. Employees may disrupt the facility with unscheduled and unauthorized absences, file grievances, and find other ways to retaliate. This anger is ultimately a source of healing. Employees must be permitted to express their anger so that the air may be cleared.
- . The bargaining that follows often takes the form of the negotiating process, persuading employees to give up or assume new responsibilities. Bargaining always results in



change to work agreements; resulting in loss for some employees.

- The depression that, for some employees, follows the bargaining stage can be reactive or preparatory in nature. Reactive depression is a reaction to what has occurred, a lay-off for example. Preparatory depression occurs when a loss is expected, and is characterized by a predominant emotion of sadness. It is very important that this feeling of sadness be accepted and not denied.

- Acceptance, the final stage, occurs when employees eventually accept their losses. These losses become an integral part of the employees life experience. This stage involves evaluation of strengths and weaknesses, and consideration of career choices.

Woodward and Buckholtz (cited in Sudderman, 1995) describe the four (4) predominant reactions of health care employees to organizational change. Knowledge of these reactions is important in understanding how employees may demonstrate their grief over losses. Some employees may disengage, losing interest in their work and withdrawing from their work settings. Other employees may disidentify and lose their sense of individual identity. The employee who disidentifies tends to live in the past, continually reminiscing about "the way things used to be". Still other employees may become disoriented, losing site of their place in the organization. This disoriented employee's activities often become misdirected because s/he is operating without priorities and goals. Some employees may become disenchanted, realizing that what is gone is really gone, and become quite angry. This anger is often volatile, and may be suppressed,

only to surface at inappropriate times and in inappropriate ways. These reactions are all normal coping mechanisms and can be healthy and productive. However, when employees become stuck, these behaviours become problematic to both the employee and the organization

When employees are asked to express their feelings about changes that have occurred in their job status, they commonly use such phrases as “stab in the back”, “slap in the face”, and “no consideration for my hard work and loyalty” (Godfrey, 1994). Often, anger peaks when employees are being interviewed for other jobs. They feel that the organization owes them a job, and that they should not be asked to prove themselves again.

Much of an employee's identity and sense of contribution and accomplishment is related to the work that s/he does (Webber, 1994). Most individuals enter the workplace out of economic necessity, but work often becomes much more than a means to a paycheck. Losing a job is a threat to an employee's sense of identity and self-worth, as well as to financial well-being and security.

### **Employee Needs**

Downsizing may not be the name given to an intricate surgical procedure, but to health care employees it can be just as painful (Russ, 1994). Many employees view lay-off as something that can happen to them no matter how loyal

they have been or how long they have worked in the organization.

During the various stages of the downsizing process employees need to have reality reinforced, and to have this reality tempered with increased levels of nurturing (Pawlicki, 1994). The employer should ensure that extra break periods and more informal contacts with employees take place. Employees should be encouraged to give vent to their feelings and to discuss the changes that have taken place and that are planned. A structured time should be provided for talking about rumours to lessen the possibility that unfounded rumours will flourish.

Employees that are displaced because of downsizing often experience feelings of anger and demoralization. Displacement Orientation Programs can positively affect this anger. Barnes, Harmon, and Kish (1993) describe one such program for displaced employees that was put in place in a 300 bed teaching hospital of the Medical College of Ohio. Displaced employees reported that this program decreased their feelings of trauma and anger.

The employees who are laid-off to meet the organization's goals, bear the biggest burden of the reorganization (Webber, 1994). It is therefore important, that the organization be as generous as possible with benefits and placement assurances. In this case, generous is not the most accurate term, because laid-off employees are owed benefits to partially compensate them for the burdens they are asked to bear for the organization.

Employees should be provided with access to counselling services, to make them aware of the positive measures that can be taken to prepare for possible lay-off (Russ, 1994). Among these preparatory measures are networking, updating resumes, developing portfolios, and compiling reference lists. Employees should be well trained in the "dos" and "don'ts" of lay-off. They should be helped to realize that often things work out for the best, and made aware of the advantages of maintaining a positive attitude. Some of the most successful entrepreneurs are created after a lay-off.

Often, employees find themselves having to adapt to new jobs and new work environments (Sudderman, 1995). There is a paucity of literature addressing the educational needs of health care employees during downsizing. With the impact of so many major changes on employees in the organization, careful consideration must be given before any extra learning demands are added. Any formal educational presentations must take into consideration the characteristics of the adult/anxious adult learner. This consideration involves safe instructor/student ratios, building on the employees' strengths and acknowledging the employees' anxieties. There should be general educational offerings that help employees deal with their current situations. Such topics as stress management, motivation and self-esteem, entrepreneurship, coping with loss, resume writing, orientation, and re-orientation programs are all very valuable to employees at this time. The informal needs of employees include access to neutral individuals

within the facility, usually staff development personnel. Sessions have to be provided that allow employees to express their feelings and seek advice and counselling. One-on-one, or in small groups, employees need clarification of the issues and need to voice their concerns to empathetic ears. They need constant updates with respect to the facility's changes and plans.

Educational presentations can provide employees with increased levels of self-esteem. Educational services can also provide the positive messages that are extremely important to employees during the downsizing process.

#### **Staff Development**

*"If a man empties his purse into his head, no man can take it away from him. An investment in knowledge always pays the best interest.".....Benjamin Franklin*

#### **Purpose and Benefits of Staff Development**

Knowledge and skills are two (2) important requirements that enable employees to function effectively in the performance of their jobs (Joyce and Showers, 1988). Unfortunately neither knowledge nor skill occur simultaneously, or if already in existence, are automatically enhanced. Adding new knowledge and skills to the repertoire of employees, to the point where the content and skills can be utilized effectively in the work setting, is a difficult task that requires much

intense, organized effort.

The benefits of a skilled and compliant workforce to a health care organization provide sufficient rationale to develop strong resources in the area of staff development (Shaw, 1995). Too often an underskilled and inadequate workforce threatens an organization's ability to compete, and to meet established goals. In response to a recent Keele university study, Law (1995) states that staff development raises motivation, enhances expectations, and offers a way forward. If the value of staff development is to be maximized, it must be viewed as a long term investment in human resources where immediate pay-offs are not easily measured.

Among the rationales for staff development that are discussed by Barr (1993) are: inadequate pre-service training, maintenance of professional growth, achievement of productive change, provision of continuity of service, motivation of employees, and provision of expanded opportunity to employees. Current trends also suggest that two (2) additional rationales have emerged. These are the need to facilitate team building, and the need to maximize employee and organizational growth and accountability to both internal and external clients.

#### **Staff Development Models**

Sergiovanni (1993) describes three (3) staff development models. These models provide alternatives to the "one size fits all" problem that training often

presents. The first model Sergiovanni describes is the training model. This model consists of the traditional inservice programming that is known to most health care employees. The training model is best suited to a problem that can be defined as a deficit in knowledge of some kind. This training is linked to clear objectives, and relies on conventional, well-executed instruction with the employee usually assuming a passive role. The techniques most often used include oral presentations, illustrated presentations, demonstrations, and observation of good practice. This model provides opportunities for employees to practise what they learn in the classroom.

The professional development model is the second model described by Sergiovanni. This model emphasizes providing health care employees with a rich environment loaded with teaching materials, media, books, and devices. With encouragement, employees interact with this environment, and each other, through exploration and discovery. The most useful professional development is characterized by an intensity of personal involvement, immediate consequences for clinical practice, stimulation and ego support by meaningful associations in the situation, and initiation by other healthcare employees rather than outsiders.

Sergiovanni's third model is one of renewal. Renewal models permit health care employees to grow personally and professionally. With this model the emphasis shifts from improving their performance to commitment to their profession. Renewal implies doing something over and over again, reusing,

making new, restoring, re-establishing, and revaluing as employees, both individually and collectively. Employees are encouraged to reflect on themselves as individuals, and as individuals within their profession. In the renewal model, emphasis is placed on building a caring community by encouraging employees to reflect and to engage in conversation and discourse.

#### **Critical Issues in Staff Development**

Barr (1993) identifies issues that are crucial to the development and the maintenance of effective staff development programming. First among these issues is the facility's climate. The climate shapes the organization's approach to staff development. This philosophical basis is often revealed in the organization's mission statement. The financial support for staff development programming is also very important, with investment either being wise and long term at one end of the continuum, or a token effort at the opposite end. The issue of job training relevance is often related to the goals and objectives of the organization. Many staff development programs are developed in quick response to immediate job and program- related requirements. Rapid changes in an organization's environment also require task related and technical education and training. This specific type of staff development relates directly to getting the job done. Affirmative action is also an issue that impacts on staff development programming. The diversity of employees and patients in our health care systems,



provides a mandate to examine and utilize alternate approaches to the delivery of staff development programs.

### **Steps in Sound Staff Development Programming**

A sound strategy for launching an effective staff development program involves six (6) steps (Barr, 1993). The first step requires establishing the priority for staff development activities. It is essential to establish the significance of this personnel management function at the departmental or divisional level. Expression of support from senior administrators, and the articulation of policies that encourage professional development also generate credibility for the programs.

Assessment of employee training needs is the second step in the development of sound staff development programming. This step is often afforded less attention than it deserves. Assessment provides the critical information necessary to both design and evaluate staff development programs. Assessment should be tri-level consisting of assessing organizational needs, job-specific and task related requirements, and employee identified needs.

Specifying training objectives, the third step, flows from the needs assessment. Without specific training objectives, it is very difficult to measure, at a later date, meaningful achievement on the part of employee participants. Steps four (4) through six (6) consist of designing programs, implementing

programs, and evaluating programs. Each of these final three steps follows the assessing of needs and the establishing of training objectives.

#### **A Model Staff Development Program**

A model staff development program features comprehensive opportunities that are responsive to employee needs. There are four (4) integral components of staff development programming.

##### **Orientation and Inservice Training**

This component involves activities related to assisting employees in adjusting to new job assignments and overcoming deficiencies in their job-related knowledge and skills. These basic requirements ensure that employees receive a general introduction to the organization and division policies, objectives, and available resources. It also ensures that employees are exposed to proper training in all aspects of their expected job performance.

##### **Career Skills and Education**

This component of staff development training encourages employees to enhance their professional development. The focus of this component is on theory and exemplary practice. Support for completion of degrees, or re-entry into graduate programs are examples of the types of activities of this component.

Also, opportunities should be present that enable employees to identify issues related to their personal career paths and aspirations.

### **Organizational Climate**

Effective communication is vital to the fundamental competency of any staff development program. This component of programming should focus on activities that support and improve communication and human interaction.

### **Staff Support**

Well rounded staff development programs also emphasize involvement in the design and implementation of the programming. Employees should have an ongoing involvement in staff development programming. A representative staff development committee can assist in achieving this goal.

### **Staff Development Services in Healthcare**

Health care organization's endeavour to provide a very high quality of care for clients with very specific, yet diverse needs (Watts, 1993). Continued attention to the knowledge and skills of employees is integral to the provision of this high quality of care. Relevant training and education must be made available to the employees who are essential to the provision of this high quality of care.

Although there is strong agreement in health care as to the importance of

comprehensive staff development programs, implementation of such programs on a systematic basis has not occurred in many health care organizations. The ability of the employees to accomplish the mission and the goals of the organization, is directly linked to the progress of staff development services. Current, and emerging issues, such as re-structuring and downsizing, require employees to be exposed to new ideas and new information in order to be effective. Shrinking resources and increased expectations for performance intensify the need to strengthen commitments to implement and to utilize staff development programming to its full potential. Employees in health care organizations are, after all, one of the organization's most important resources.

### **The Adult Learner**

*" Education is a social process.....Education is growth.  
Education is, not a preparation for life; education is  
life itself." .....John Dewey*

### **Adults and Learning**

Just as children develop from simple to complex thinking, adults can continue to mature in the way they think (Billington, 1996). The way adults think affects their character development, moral judgement, interpersonal relationships, impulse control, self-concept, and how they function in their environment. Yet it has been noticed that not all adults continue to grow. Some cease to learn, thus

they cease to grow. The literature in the area of andragogy, or how adults learn, is immense and indicates that a great deal is known about the ways in which adults prefer to learn (Cranton, 1989). Effective training design for adults involves respect for the characteristics of adult learning.

An important point that must be understood is that what works with a child will not work with mature individuals (Jolles, 1993). The first instinct of new educators and/or trainers is to draw on previous experiences in the classroom. This is a natural tendency due to the fact that for every hour of adult training received, there have been approximately 500 hours of regular schooling. Assuming a schedule that allows for five (5) to seven (7) hours of schooling per day, an approximate number of hours of schooling from kindergarten through four (4) years of post secondary education would be about 21,420.

Adults must be dealt with in a mature manner, and with this in mind, adults have different needs from those of a child. The next several years will eclipse the last fifty in terms of hard data production on adult learning (Cerny, 1996). For the present, it must be recognized that adults want their learning to be personalized and accepting of their special learner characteristics and needs.

### **Characteristics of the Adult Learner**

One (1) of the major differences between teaching a child and training an adult is the necessity of attention to the comfort of the surroundings (Jolles,

1993). Children are exceptional when it comes to the atmosphere in which they learn; adults however, come to training with a very different attitude. For the adult, surroundings that are anything less than first class become an immediate knock for the training itself. Often, if the surroundings are not appropriate, training will fall on deaf, or distracted, ears. Adults need a training atmosphere that is relaxed, yet business like. The ideal atmosphere for adult learning is one which is relaxed, but not totally without discipline, and one which is business-like but not threatening.

When school does not keep a child's interest, the mischief that a child can get into is generally containable. A trip to the principal's office or some other threat will suffice. If an adult's interest is not maintained, the mischief an adult can get into can do a great deal more damage to the learning that is taking place. Adults may not be immediately interested in the material being presented, and often may be openly hostile about their lack of interest. A major responsibility of the adult educator is to get and to maintain the adult's interest.

One of the greatest aspects of working with adults is the abundance of experiences that they bring to the educational setting. Not necessarily experience concerning the subject matter, but other experiences that can be invaluable assets to adult educators. Unlike a child, an adult has a wealth of experience that can be related to the subject matter being presented. It is this common ground of experience that can facilitate effective adult learning.

Logic is one of the key components when working with adult learners. Curriculum and subject matter experts must work together in the creation of a program to ensure logical sequencing of subject material. This is one of the purposes for the existence of pilot programs. One of the major purposes for the existence of a pilot program is to take what is technically correct, and to determine if it is being presented in a logical manner.

When it comes to education and training, adults cringe at the thought of sitting for extended periods of time. When training is being conducted, adults must be actively involved for reasons of morale, stimulating interest, and increasing retention of the learning. When told by the educator that the program being attended will involve a 16 hour lecture is enough to discourage any prospective learner; the most memorable training adults experience is training in which they have been actively involved. Actively performing tasks benefits the adult learner's morale, interest, and ability to retain the information taught.

In any type of education/training with adults, there is an overall goal involving what is being taught. Adults demand to know this goal. Without a sense of purpose to the training, adults may experience problems focusing on the important components of the training. Adults can not maintain a high level of concentration for long periods of time. It is of great benefit to adult learners to know what parts of the training will be emphasized.

One of the most basic techniques when working with adult learners is to incorporate a steady diet of repetition. The chances of retention of information increases substantially the more the information is repeated. Repetition also allows the educator "clean-up" responses that are provided by the learners, helps the learner to focus on specific aspects of the program, and provides tremendous, yet subtle assistance that guides the adult's thinking. Repetition also emphasizes the information that the adult learner needs to know. Repetition is an extremely valuable tool to aid the adult's learning.

Adults hate surprises. If a child is embarrassed s/he may just report the incident to parents, but adults have much larger egos than children. Embarrassing an adult can quite possibly result in aggressive behaviour either immediately, or down the road in the training. Adult learners must be informed of what will be required of them, even though most adults will not request this information. Not only does this give adults a road map of what to expect, it reduces the chances of aggressive behaviour.

One of the biggest differences between adult and child learners is the motivation to learn. With children the motivation is rather typical - do well, get good grades, or the opposite situation. Adults however, are motivated to learn only what they need to know (Cerney, 1996). They wish to learn about those things that will help them cope with specific life change events, marriage, death, or job change for example. The more life change events the adult encounters, the



more the adult is motivated to cope with the change through engaging in learning experiences. Indeed, adults will seek out learning experiences that are directly related to their life change events. Once adults are convinced that the life change is a certainty, they will engage in any learning that promises to help them cope with the transition. The adult sees learning as a means to an end, not as an end in itself.

Adults benefit most from learning that is designed to appeal to as many senses as possible (Jolles, 1993). Appealing to various senses will better communicate messages to the adult learner. Varying presentation methods and learning aids will greatly enhance the effectiveness of adult learning.

Working with adult learners provides challenging and rewarding experiences to the adult trainer/educator. Awareness of the differences between child and adult learners is integral to the development of successful approaches in adult learning situations.

#### **Characteristics of an Optimal Adult Learning Environment**

Highly effective adult learning requires specific conditions. In a four (4) year study of the conditions that best enable adults to grow and learn, Billington (1996) identified seven (7) key factors in learning programs that stimulated adults to grow and learn. Sixty men and women between the ages of 37 and 48 participated in this study. This research snapped multiple pictures of a very clear

image. Billington's findings support the thinking of Malcolm Knowles, recognized as the father of adult learning. Knowles' trailblazing work underlies many of the most effective adult education programs. These seven (7) key factors are:

- . Adult education must take place in an environment where individual needs and uniqueness are honoured. The abilities and life achievements of adults must be acknowledged and respected.
- . Adults must be provided with a learning environment that fosters intellectual freedom and encourages experimentation and creativity.
- . Trainers/educators must treat adults as peers, accepting and respecting the opinions of experienced adults.
- . Adults must be expected to accept the responsibility for their own learning and work with their trainers/educators to design programs that address their needs.
- . Adults must be challenged just beyond their present ability level. If they are challenged too far adults will give up, if they are challenged too little they will become bored and learn very little.
- . Adults must be encouraged to become actively involved in their learning. Instructors and students should interact, students should be encouraged to try out new ideas, and experiences and exercises should be used to bolster theory.
- . Adults need to have regular feedback mechanisms to allow them to both give and receive information so that changes can be made on the basis of their input.

In learning environments where adults feel unsafe and threatened, where they are viewed as underlings, and their life achievements are not honoured, adults tend to regress developmentally, especially in the areas of self-esteem and

self-confidence. In environments where they are required to participate in learning experiences that are relevant to their goals and needs adults will learn fast and well.

### **The Anxious Adult Learner**

Anxiety is a psychological and physical response to an individual's self-concept (Meisenhelder, 1989). This emotion is characterised by such subjective feelings as apprehension and tension, and by arousal of the autonomic nervous system. Anxiety results in a fight or flight response evidenced by such physical symptoms as sweating hands, tensed muscles, and an increased heart rate (Strong, 1994). The difference between fear and anxiety lies in the ambiguity of the threat and the uncertainty of the danger to the specific individual. If the threat tends to be conceptual in nature, for example a threat to one's values or self-esteem, anxiety is the predominant emotion experienced by the individual.

Anxiety renders adult learners unable to concentrate appropriately on the task at hand (Meisenhelder, 1989). These anxiety levels continue to increase when the adult learner realizes that his/her ability to perform is due to preoccupation with worries (Sarason, cited in Meisenhelder, 1989). The anxious learner also experiences cognitive deficits, such as misinterpretation of information and blocking of memory and recall that is most likely due to a type of panic reaction. The composite results of research indicates that each individual

has a different tolerance for anxiety, beyond which there is a decline in performance. There are a number of strategies that can be used to overcome the effects of anxiety on the adult learner.

### **Learning Strategies for the Anxious Adult Learner**

Establishing a safe environment will help to reduce the anxiety of an adult learner. If the adult perceives the educator/trainer as the individual who will make ultimate judgements on his/her performance, fear and anxiety levels will rise. Adult educators must present themselves as people who want to see the adult grow and learn, and as people who wish to assist with this learning and growing. Genuine and sincere interaction should lay the foundation that encourages learner trust in the learning situation.

Adult learners who suffer from anxiety typically suffer from poor self-image. Since every mistake reinforces a sense of failure, learner success must be emphasized! Learners who are assisted to form positive self-images, will also be helped to counteract the effects of a self-fulfilling prophesy; failure because one expects failure. Effort should always be made to point out that errors are a part of the learning process. Adult learners must be kept informed of their progress. This will encourage open discussion of any performance problems that exist. Honest discussion provides support to the adult learner who may otherwise attempt to cover up problems that are being experienced. The adult learner must

be encouraged to verbalize anxiety. Adults who are aware of their own anxiety can learn to manage that anxiety more efficiently. Acknowledgement of the fact that anxiety is real and understandable, enables the adult to surmount it. The anxious adult learner should be given very specific and precise directions that can be used to focus on and to follow. When anxiety is left to roam free, it runs wild!

Complex tasks should be broken down into small steps for the anxious adult learner. This decreases the chances that the learner will be overwhelmed by the task. When learners can focus on one small step of a task, the more they feel that they are able to complete the entire task. Establishing strict limitations in learning situations, is of benefit to the anxious adult learner. When these learners become overwhelmed by a task, procrastination is usually the result. Being kind and empathetic to these learners does not mean giving excess amounts of leniency in educational situations.

The anxious adult learner should not be expected to perform everything right the first time. This would be a very unrealistic expectation for this learner. There are many techniques that can be utilized to reassure the anxious adult learner. These techniques include going very slowly, asking questions, allowing references to notes, and toleration for a certain degree of disorganization.

Anxiety has been posed as a major phenomenon among health care employees during downsizing (Sudderman, 1995). Therefore staff development personnel should be aware of, knowledgeable about, and capable of addressing,

the needs of the anxious adult learner.

## **CHAPTER THREE**

### **DESIGN OF THE STUDY**

#### **Methodology**

The methodology used in this study was qualitative in nature, in that it dealt with multiple socially constructed realities, or qualities, so that an understanding could be reached concerning how participants construct the world around them (Glesne and Peshkin, 1992). Access was gained to the perspectives of participants, and the study design focused on in-depth interaction with individuals at several sites. The research was evolutionary in nature in that it developed and changed along the way; one dot of information leading to another dot of information, and in the end some sort of behaviour becoming evident.

The approach to the inquiry was critical ethnography. Ethnographic design provides flexibility of method allowing changes in direction as the research proceeds (Mackenzie, 1994). Ethnographic design is not simply a linear process; it uses data collected from different perspectives and by different methods. Ethnographic design starts with a set of questions from which the research begins, not with a set of preconceived ideas to be proven or supported. LeCompte and Preissle (1993) describe ethnography as simply writing about people. Ethnographies are descriptions, or reconstructions, of intact cultural scenes and cultural groups. Ethnographies recreate for the readers the shared beliefs,

practices, and behaviours of a specific group. They focus on recording in detail, aspects of a single phenomenon, where the phenomenon is a small group of humans or the operation of some social process.

Critical ethnography aims to generate insights, to explain events, and to seek understanding (Anderson, 1989). It purports that informant reconstructions are often permeated with meanings that sustain powerlessness. The critical approach involves analysis of results to unmask inequities in process and phenomenon (LeCompte and Preissle, 1993). The process involves achieving change in structure and behaviour by exposing hidden patterns of meaning through utilization of a focus on variance and bias.

### **Data Collection**

The data collected in this study was empirical in nature, in that it was information obtained from the environment and accessed by the human senses (LeCompte and Preissle, 1993). A hallmark of the data gathered by qualitative and ethnographic researchers is its eclectism. Rich and diverse data was collected on the phenomenon that was studied. In this study, the methods used for data collection included interviewing and document analysis.



## Interviews

Nine (9) key informants were interviewed. The interview format used was open-ended and followed the general interview guide (Patton, cited in LeCompte and Preissle, 1993). There was a general set of issues, developed before the interviews took place. These issues were addressed at any time in the conversation. This guide served as a checklist to ensure that all relevant topics were covered for each respondent (please refer to Appendix A). All participants received a copy of the interview guide a minimum of three (3) days before the interview was scheduled to take place.

Of the nine (9) participants that were interviewed: three were (3) health care support workers, three (3) were professional health care workers, and three (3) were staff development personnel in the health care organization. All participants were employees of health care organizations that were being amalgamated, re-structured, and downsized to form one (1) large health care organization. Participants were informed as to the nature and purpose of the research, and informed consent was obtained for their participation and for audio-taping of the interview sessions (please refer to Appendix B). Audio recordings were transcribed after the interviews had all taken place, and quotes from these tapes for inclusion in this study were taken verbatim. All participants quoted were given the opportunity to review their comments to ensure accuracy and confidentiality.

### Document Analysis

The documents that were obtained and reviewed for analysis included:

- . The Corporate Values and the Guiding Principles of the Healthcare Organization that employs the nine (9) study participants.
- . Schedules of Educational Opportunities that were developed and posted for a total of six (6) months, from September, 1996 to February, 1997.
- . Thirteen copies of the special communications bulletin from the large health care organization, that were published to keep employees up-to-date on the organization's progress toward its goals and objectives.
- . A copy of the large health care organization's Annual Report for the first year of operation, 1995-1996.

### Data Analysis

Analysis of the data was conducted using a critical approach. Data from key informants were reviewed in a manner which permitted movement from a theoretical approach to an action plan to achieve a desired end (Carr and Kemmis, 1994).

Data from all sources was reviewed to identify not only individual issues, but matters that may require individual attention if a satisfactory solution is to be reached. Common themes in the data were grouped to allow the emergence of relative patterns. Re-checking with participants and constant comparisons of participant experiences were used to enhance the validity and the reliability of the

data. The analysis portrays a common voice that may heighten self-awareness of the collective potential of participants to become active agents of history.

### **Limitations of the Study**

The primary limitations of this study were:

1. The participants were all, at the time of the interviews, employees of one specific, restructured healthcare organization. Therefore, the reactions described by participants were to one specific approach to downsizing.
2. The recent nature of the downsizing process in the specific healthcare organizations involved will not provide sufficient time for all the implications of the process to be fully realized within the newly formed organization.
3. The participants involved in the study have either just experienced or are experiencing the downsizing process. Hence, they may not have had sufficient time to experience, or reflect upon, all the possible long term effects of the process on them individually. Any possible positive effects of the downsizing may not yet have been realised or identified by employees, and therefore, were not be reported.

## CHAPTER FOUR

### THE DATA

#### Interviews

##### Support Employees

##### The Feelings

The three (3) support staff who were interviewed were very open, and willing to express their feelings about their experiences working in environments that were in the process of downsizing. Collectively their comments spanned the pre-downsizing and actual downsizing periods, and also touched on the nature of current leadership in health care and thoughts as to their future employment in the health care field.

These three (3) employees described the emotions that they experienced initially during the pre-downsizing period, and the emotions that they are currently experiencing as the downsizing is in progress. The three (3) support staff participants described their initial disbelief, or denial, that downsizing of their health care facilities was actually going to take place. Joyce, a 16 year veteran laundry worker in an acute care facility that is targeted for closure (names and positions of all participants are fictional), aptly described this feeling of disbelief:

And the other thing about it, is that I guess some of us didn't really believe that this was going to happen,

it's going to get better, that it's never going to close-up... That we'll get money and that we'll be open for another couple of years. I still think that where I works, we'll be there for another couple of years.

Wanda, a dietary worker with 18 years experience working at one (1) of the health care organizations that is currently undergoing a process of amalgamation with five (5) other organizations, also reported an overall feeling of disbelief:

...But no one ever thought that they would actually close down hospitals.

Jim, a nursing department employee with over 20 years of experience, when faced with a change from full-time to part-time employment, describes his initial surprise:

Well, I wasn't expecting it, and it came as a shock...and I panicked, because what was I going to do?

The predominant feeling described by the support staff that were interviewed, was anxiety. The anxiety was specific to the real, or the potential, change to their job status that may come in the future. As Joyce contemplated her future job security, she made the following remarks:

...If there's less patients, my hours of work are going to be changed because of the downsizing, and I'm worried about that you know... The tension is really something else. It's hard to explain to someone who's not going through it, and has never gone through it. They would hardly believe it... I feel that the powers that be are letting us know a little bit at a time. And that's worse again you know.

Wanda appeared very quiet and serious when she described the effects that the

anxiety she was experiencing had on her general health and well being:

A while ago I was off work for a few months. And, alot of it was to do with the uncertainty from one day to the next.

Even though it was common knowledge that the organization at which Jim worked was facing massive restructuring and downsizing, he described his reaction as follows:

I panicked because-- What was I supposed to do?

Jim also described the plight of a co-worker who was the sole support of her family and who had a sick husband to contend with. The co-worker had been told that her job would be lost:

One person had a heart attack and was rushed to the hospital that very same night. I can't say that was the cause, but it certainly didn't help.

These three (3) support employee participants recalled feelings of being demoralized and devalued during their organization's process of active downsizing. These feelings pertained not only to themselves as employees of the health care organization, but to themselves as individuals. As Jim remembered back two (2) years to the initial change in his employment status, he described his feelings in the following way:

I'd put alot into my work and enjoyed it, and it's like it wasn't valued... I felt like all the work I did was in vain, and that what you did wasn't appreciated any way... I felt that my life was over. I felt embarrassed that if my job was gone, I must not of been very good at it.

As Joyce reminisced about the way things had been at her organization, and the changes that have taken place, she stated sadly:

We're only numbers now, and that's it... I don't think it's a very nice way for people who have been in the workforce for up to as high as 20 years, to be treated. To be told you're no longer needed, you know. And then I look at it and think who is going to be next.

Wanda made the following desperate- sounding plea for recognition of the importance of her work:

The hands-on nursing care, the nursing assistants and whatever. We know that they're going to be the last ones to be touched. And rightfully so. But, I mean the housekeeping and dietary, we are important too! Sometimes I think that everyone feels that our jobs are not important. So it doesn't matter if we go.

The feelings of anxiety, anger and demoralization that are felt by these employees are naturally carried over to the employees' work performance. These support employees recounted experiences with line managers of contracting companies, who were not sympathetic to the degree of the anxiety being experienced by these employees. Joyce described the relationships that exists at her facility, between employees and managers:

...And there's no personal contact now like there used to be you know. Like 'Good-day' and 'Good morning'. It's all now that you got to put the iron fist down and that's all... There's more stress on people, and they are watching if you takes too many breaks, and if they are too long. And I mean that was hardly heard of where we were to, people right down your backs, you know. As a result, I will say that if anything, it makes the employee rebel rather than cooperate. Because I've

seen many times now that instead of work getting done, once the management is out of sight they tend to slack off because they're not being treated fairly... and instead of trying to help employees at this difficult time of downsizing and closing of stuff, it's adding more burden on them because they feel there's more pressure on them. At a time when they need a bit of slack really... employees are rebelling against it. And with the uncertainty of their jobs, there's no incentive at all now.

When Wanda reflects on her current work situation, she describes the following effect on her work incentive:

From one day to the next you don't know where you're going to be or what you're going to be doing. Most times you don't feel like doing anything.

During interview sessions the participants were especially vocal regarding the effect that their work environments were having on their relationships with coworkers. These participants described relationships characterised by feelings ranging from concern and sympathy, to envy and animosity. As Wanda described workplace relationships in her work area, she seemed to be astonished at recounted occurrences:

Well where I'm working now there is sort of an animosity between people in their senior years. Me, I'm a senior worker. There's an animosity there--it's just like hell... Now there's a mad scurry to see who got what time, and who is going to bump who or whatever. It's creating an animosity between staff from site to site. With all the phone calls going from site to site, and how long do you have there and this and that. I've seen best friends who have fallen out, and haven't spoken to each other in probably six months... People in the workplace are fighting, they're fighting with each other, and you can't open your mouth, you can't give an opinion.



Because even though you may not be affected directly, but saying your opinion to someone else, you don't know who else will be affected.

Joyce was always noted for her friendly, easy-going, and helpful manner with coworkers. She described how many of these relationships have changed:

And a lot of times it's the way people is reacting. You've got to watch what you say. And sometimes even with a joke they'll snap back at you... It's been since this nice while back that I've seen employees with their fists up to each other. It's that frustrating.

As Jim describes the different treatment of some employees who were affected by cutbacks or layoffs, he makes the following comments regarding one former co-worker:

One woman went just a few months after us. They gave her a year's salary. What made her any better than the rest of us?

The changes and anxiety being experienced by these employees in the workplace is spilling over and affecting the employees' personal and family life. In addition to the hospitalization that Wanda attributed to the effects of workplace anxiety, she also describes a very unique effect of workplace change on her personal lifestyle:

I was told that I had to move from site to site. I hadn't driven a car in 16 years. I had a drivers licence, but I just don't drive. I don't like to drive. I could walk to work, and my husband always took the car to work. Now how can I go to another site. Transportation is not always available, and I can't take taxis all the time.

Wanda's account reinforces the reality of each employee's individuality and

unique lifestyle. Jim described the effects of change in his job status as affecting his whole, entire being:

I felt like it was the end. That if I wasn't working anymore it was the end of my life.

Joyce described how her work situation was affecting her relationship with her spouse:

I go to work and sometimes I leaves in a worse condition than when I go out. And I tend to take that home. Sometimes my husband will say something and I'll snap right back at him. And he'll ask what's wrong with me tonight.

One of the areas in which these participants vocalized their strongest feelings deals with their faith in the leadership, and in the future of the health care organization. The support employee participants felt no confidence or trust in those individuals currently in leadership positions of the health care organization. Wanda's description of her feelings about the leadership and the future of healthcare was probably the most scathing:

First of all myself, I think that they didn't know, and they don't know from one week to the next, how they're going to approach each staff member and each facility. This is trial and error as far as I'm concerned... They don't know from one day to the next, how, and what, and where people are going to go... For the first part, they can't even get their own offices straightened out. So, how are they going to restructure the health care itself... There's no set plan, no set ways. They're just hoping that everything is going to fall into place. They've laid off, they've closed down, and they still can't curb spending. There's nothing more that they can do.

Joyce also expressed a lack of faith and trust in the leadership of the health care organization to make decisions that will be of benefit to employees in the long run:

And I'm wondering sometimes that even the organization, the people that's on the board—if they know what the people on the bottom are feeling and doing. If this is their direction, if that's their way to save money, then we're in for an awful awakening in the next few years. I think myself that the worst is yet to come.

### What Hurt

The support employees interviewed described a number of experiences during the downsizing process that they found particularly hurtful. Participants recounted situations in which their dignity and respect were not maintained. Jim described the hurt that he felt as a result of the manner in which he was treated by his superiors when his job status was changed:

It was done very rushed and not explained why they were doing anything. I just felt kind of worthless. They just said that we were going to re-do and reorganize, and our jobs were going to change or go... We were not called into the office and said well, we were pleased with your work or not pleased with your work, or that it was nothing to do with you as a person. But rather as just reorganizing the institution as it is and they didn't give you reasons that we could understand. You're just gone!.. We found out the next day that the union people knew we were going to be losing our jobs the night before. I don't think it's very right for other people to know you're losing your job before you know that they are doing it. They gave us a months notice. But we found out from the labour board that they were

supposed to give us two months notice. So they came back and had to give us a second one.

Jim also remembers being treated with very little respect and dignity while working his two (2) months notice. He recalls several situations specifically:

And they didn't even treat us as if we were real people. That Christmas we were not included in anything. Everyone went out to dinner and we were all left behind. We certainly were not one of the crowd. Just to be there if anything happens, even our nights and weekends, but you were not a worthy member you know. You were not included among them. We were also told to have everything done up to date, and for three months ahead, so that the people taking over our responsibilities wouldn't have to worry about any of that... And you know you were being watched because they told you. It was just a bad time for everyone.

Joyce recounts the story of a co-worker's hurt reactions to the news of a change in job functions. This co-worker had been performing the same specific job functions for many years, and was now about to be moved to another area with different job functions:

When I went in that afternoon she was crying you know. Because she'd been in that position so long, and doing the same job with the same friends. And now she doesn't know where she is going to be. She knows that she'll have a job, but where to you know. And that was Thursday, and Monday she had to start a different job.

These employees also described a keen sensitivity to not being given personal and individual consideration. They had very distinct feelings that other considerations had become more important than people. Joyce was the most descriptive, and the hurt in her voice was evidenced by her sad resignation as she

stated the following.

And the bottom line is they wants to make money. So they wants things done the right way. And in my opinion people don't matter. There's no consideration of how people feels or what their feelings are. It's unreal you know, that they're trying to save money on people you know.

Wanda was the only employee who had a changed job situation that required her to move from one site to another. She described lack of site orientation as being very detrimental to her overall job performance, and that it was one of her primary concerns. Wanda expressed her feelings about the lack of orientation in the following manner:

And that was one of my first concerns. The first time I was sent from my site to another site, I was there only an hour or two and I was introduced to the people I was going to be working with. They told me I was going to be there six to eight weeks, maybe longer. And in the next hour I was sent out on a job. I didn't know where I was to! I spent two or three hours trying to find my way around. And my first concern when I came back was orientation, and I spoke about it. If I'm going to be spending six days, six weeks, or six months from site to site, I'd like to know. I'd like to be out there in some of the general areas where I'm going to be to. If I'm just going to be in certain areas, then familiarize me with those places.

Wanda had to overcome the difficulties caused by lack of site orientation herself. Formal orientation to any of the sites to which she was assigned, never occurred.

Participants also described the lack of what they perceived as forthright, honest information as being a hurtful experience during downsizing. They

perceived the withholding of information and/or the provision of misleading information, to be personally insulting. Jim certainly reflected this feeling of being insulted as he remembered the information that he and his colleagues had been given about new jobs that they could apply for:

...and we were told that people on the outside had been invited to apply for the jobs. We knew that it was rigged because Mrs. \_\_\_\_\_ was there at the time, she had a friend who worked at \_\_\_\_\_, and \_\_\_\_\_ came into the facility to work, and his position was \_\_\_\_\_, and he approached this other one and asked her to apply. So it got back. I mean they were only laughing at us. It's like they were making a big joke of it.

Joyce also expressed the desire to have honest, straight forward information at the outset of the downsizing process. She expressed her feelings in the following words:

I don't know if they didn't know or if they didn't want the employees to know. But, I think they should have been honest with them in the first of it. Come out and told them you know, that this was going to happen and instead of a year or two years and months in speculation. And I don't know whose fault it was, but it put more strain on the employees that they should have been told right up front you know. It would have been better if they had just said that at such and such a time your job will be no longer needed... They were just stringing us along.

### What Helped

During interviews, support employees identified two specific actions taken by their employers that helped them through their experiences with downsizing:

planned educational sessions on loss and change and full and detailed explanation of available options. Although Joyce had no first hand experience with the program she described, she recounted the positive experiences of a co-worker:

They set up an educational session I guess you could call it. For the people that were losing their jobs. And I was talking to one of the men, and it was about coping with change and the loss of jobs. He was in a job for nineteen years and then found himself out on the street and I guess with money problems... He went to one of those meetings and he said it was a help, and that the other people there found it good too.

Jim described how helpful it was when he and other workers had their options fully explained to them:

They said that we had three options. We could take our pensions and then work part-time, which is what we eventually did. It felt really good to have someone take the time to explain things to you.

These were the only actions taken by the health care organization, that were identified as being helpful by the three (3) support employees that were interviewed.

#### **What Would have Helped**

The support employees had no difficulty identifying actions and services that could have been taken or made available to them during this period. All three (3) felt that having specific services provided in a certain manner, would have significantly lessened their negative experiences during this downsizing

process.

Wanda felt very strongly that each organization, and each group of employees should have received individual attention and treatment:

They know who is going to be affected and who's not. They have the seniority list, the master list. They should call people aside, not singled out, but the groups that are going to be affected. They should be offered some comfort or whatever they need... They know who's going to be hit the hardest, and that's the areas they should concentrate on now. The people they know is going to be affected. To get to them now. It's going to hurt, but it might not be as hard six months down the road.

Jim echoed Wanda's sentiments about more specific, individualized treatment:

I think to have meetings with staff every now and then and tell them well, this is the long range plans , and so many goals a month, and whatever they are going to do, so that you know the changes are coming and you know that they are going to be affecting you. So you learn to make plans for yourself.

In addition to the need for more individualized actions and services, these support employees readily identified the types of services that they would have liked to have been available to them. The services that they felt would have been of the most benefit to them were various counselling services. They were, as well, quite definite as to the specific nature of these counselling services. Joyce identified a need for counselling regarding the nature of, and coping with change:

We were told a couple of years ago that certain places were going to close down and that jobs was going to go, but we were led to believe that it wasn't going to be as bad you know. And now people is not prepared, they



should have been helped some way to cope with the changes.

Two years after the fact, Jim was able to identify several areas where counselling would have been very helpful:

They need to put counselling into effect to let people know where the help is if they need it. Financial information would have been good. To make the services available maybe from a company outside. I was ashamed to tell anyone about how much debt I had built up... There was nothing to help us along with the stress we were feeling, and I mean I'm not just speaking for me. There was nothing done to encourage us, you know, to give us stress management to help us cope and all... I wish I had been told what my rights were so I could have been smarter at the time. I would have done alot of things differently. I would have thought what I was doing, looked before I leaped!

### **Professional Staff**

#### **The Feelings**

Three (3) professional employees were interviewed and recounted their experiences with downsizing, and the feelings that were evoked by these experiences. The employees worked at two (2) different facilities; each facility was in the process was in the process of amalgamation with five (5) others. Justin is a Social Worker with sixteen years experience working within one (1) specific organization. He has just been moved to a community based work setting. Nadine is a Clinical Psychologist with six (6) years of experience with one (1) organization. She is now required to work within a combined service program

delivery. Sarah is a Clinical Nurse Specialist with eight (8) years of experience working with one (1) organization. She also is now required to work in a combined service delivery program with her counterparts from the five (5) other organizations. Both Nadine and Sarah are required, on occasion, to move from one (1) organization to another to carry out their job functions.

These employees expressed no initial disbelief as the re-structuring of their organizations and programs began. Exception was taken to the use of the term downsizing because no positions had been eliminated from their specific areas; and no elimination of positions was anticipated. Each of these three (3) employees preferred to use the term re-structuring. Sarah was the most specific in her explanation:

Our department wasn't downsized. It has been re-structured. Our department, originally at the \_\_\_\_\_, consisted four staff positions, a secretary and a manager. What has happened is that we are now amalgamated, or consolidated, with our counterparts at four other sites.

These employees expressed a moderate amount of anxiety, particularly during the initial phases of the re-structuring process. Justin gave this description:

I think that one thing re-structuring has done for me, in terms of professionally, is the fact that it has created a great deal of extra stress. And it's coming from everyone around you too! Basically it was a process like driving into the fog, or driving into the dark. Even if they were to say that we'll have this direction, at least you would have had some direction. This is a concern that I have myself personally, and that I heard is shared by other staff in the facility.

Nadine expressed feelings similar to those expressed by Justin. Her feelings focused more specifically on the initial phases of the re-structuring process:

No one truly knew what was going to happen, and we had to kind of wait and see. But in any kind of change there's always a fear of the unknown, and we wondered if they would need all of us. Or whether they could do with less. As it turned out they didn't eliminate any positions, we're all here.

The professional employees expressed no feelings of being devalued or demoralized as employees. They did however, identify workplace adjustment issues that were created due to the re-structuring process. These issues were worked through by the employees during the re-structuring. Nadine describes the adjustment required when her service was combined with that of several other health care organizations:

The biggest adjustment was going from a relatively small department here, five or six people, with a manager on site, to being part of a multi-site division with no manager on site. It was a big adjustment not having a manager on site that you could bounce things off... Sometimes it takes longer to get answers to questions, sometimes you might have to wait a day or two before they get back to you. The other adjustment is that the needs and the way they did things at other sites were different from the ways we did things historically, and we soon found out that the way we did things wasn't the only way. So, I think it was a big adjustment to try to see things globally.

Sarah described workplace adjustment, not in terms of loss of an on site manager, but in terms of a decrease in the availability of the support services that are

necessary for her to perform her job efficiently. She described the following situation:

How not having a manager on site has affected us--not a great deal. The manager is accessible to us through a phone call or a computer message. The secretary being gone has more of an effect on us. Now we have to get her to do things while she's here and while we're here.

Justin described the personal adjustments required by the individuals involved in the combined delivery of his service. This adjustment involved the coming together of the various organizations to accomplish effective service delivery:

But it's interesting because you have various sites coming together, but not all sites are happy about it. So you have some sites eager and willing to work through the process, but you have other sites that were either resistant or actually defensive, or passive-aggressive. It's a challenge to work with a number of resentful people around you.

Only one (1) of the professional employees identified effects on his personal life, created by his experiences with workplace re-structuring. Justin described effects on his general energy levels that affected his home life:

I've always been a person with good energy. But, I've noticed probably in this past year or two that the increased stress that's in the system certainly has had it's effect on me in terms of the energy that I'm using up at work. So when I go home I don't have the energy that I used to have, to do things with my family. And it takes me a lot longer to re-generate my energy levels.

Sarah, on the other hand, described a clear and definite distinction between worklife issues and homelife issues:

But in terms of bringing this stuff home. No. My work life stops at work. I'm too busy at home to worry about the things at work.

When asked specifically, Nadine expressed no carry-over issues from work to home.

To questions regarding their opinion of the quality of leadership of the amalgated healthcare organization, two (2) of these three (3) respondents replied favourably and one (1) respondent offered a suggestion that sounded much like a word of warning. Sarah responded to the leadership issue as follows:

But I just feel that it was handled well by the people at the top, how we were informed about the changes, and what changes were forthcoming. There were always time lines that were created by the executive people about how things would progress, and I guess as of right now, most of it is on target.

Likewise, Nadine had generally positive comments regarding the organization's leadership:

I think that everyone did the best that they could do at the time. In any new undertaking there's always some difficulties that are going to be experienced. I think that they did a good job.

Although Justin had no scathing criticisms of the organization's leadership, he did have some comments, and a suggestion for the future:

I think alot of people in the system are doing the things that they believe to be right. But I think that sometimes they don't effectively listen. They say things and they think that everything is OK. And their perception is that if there are no squeaks out there, then there are no problems. But I think that they have to effectively listen,

and really be prepared to take honest feedback from people who are prepared to give them honest feedback.

### **What Hurt**

The experiences that the professional employees felt hurt the re-structuring effort were confined primarily to the initial stages of the process. These respondents commented on such issues as initial lack of information and direction, the number of changes being implemented at one time, coping with the changes that were being experienced, and lack of organization specific orientation. Nadine described the effects of lack of information at the beginning of the re-structuring and commented on the fact that several major changes were occurring at once:

There was a great deal of lack of information at the beginning. Most of the people who were in the administrative positions were new too. All the VP's were new. I think that looking back, it might have been less disruptive to have undergone fewer major changes at one time. Consolidation of the sites into one corporation, and getting used to the idea of this 6,000 employee structure before we started changing the way we do everything.

Justin's comments specifically targeted a lack of direction in the initial stages of the re-structuring process:

So, it's this initial direction that we were lacking. To say that, OK, we've got this system and you say that it's no good and we're going to change to another system. Then give us some direction, give us some leadership. Show us some type of strategic plan. There was a lot of lost time in limbo, where people didn't know what was going on. There were memos coming out that contradicted the ones that came out just before them.

And there was a lot of rumours. The rumour mill was more active than the actual sharing of information from the top down.

Nadine continued from her description of the effect of many corporate changes happening at once, to a description of some of her personal and professional problems coping with some of these changes:

We all like to avoid change, I know I do. And I don't think that I'm unique in that. We're constantly being asked to operate outside of our comfort zone. Sometimes I feel like I'm connected by some sort of an invisible bungee cord, and I jump out there and do whatever it is that I'm supposed to do, and as soon as I can, I swing right back into my comfort zone.

All three (3) professional employee respondents felt that an orientation to the other organizations would have been helpful. However, they did not feel that it was essential to their job performance. In addition to not feeling that organization specific orientation was a necessity, Nadine identified a rationale to support the lack of a formalized orientation in her service area:

No I haven't been orientated to any of the other sites. The main thing that I go to other sites for is meetings. A lot of my contacts are by computer or by telephone. Yes, I feel that it probably would have been helpful. However I think that one of the reasons why it wasn't done is that we were deliberately trying not to make people feel as if we were horning in on each others territory.

#### **What Helped**

The helpful experiences that were cited by the three (3) professional employees focused on issues of information, communication, and opportunities for

input. Sarah described the advantages of having adequate, and more than adequate information concerning the re-structuring process:

We were always informed of what was going to happen, I guess because of the type of department that we were working in. And we were in contact with more managerial type of people, and we knew more of what was going on... They created a communications department that sent out newsletters. Some people say that they were bombarded with all kinds of newsletters, and messages, and things like that. But, I guess it's better to be overwhelmed with information than not to be informed at all. So, in that regard, I feel that we were well informed.

Nadine described the positive effects that this system of communications had on her general experiences with re-structuring:

We had a fairly good communications through our director because she reported directly to the VP. So she would come in and we could ask her things that we didn't already know. So I think that there was a direct link to the corporate office that others didn't have.

All respondents reported that their opportunities for input into the process were helpful, positive experiences. Justin recalled the various opportunities for input that he availed of:

We had some sharing and planning sessions, which helped somewhat. We had brainstorming sessions, we had strategic planning. We had some coming together sessions for some of the departments that were merging and getting to know people

Nadine described similar feelings about her opportunities for input, and also identified some continuing education sessions that helped her in her



experiences with re-structuring:

I guess I had a bit of an advantage personally because I was included in phase one of the focus groups. That was the phase in which we decided what the programs were going to be. We chose the programs, so I might have had more information than most of the employees... And another thing that helped was the stress management sessions. They were available for anyone felt they needed the coping skills. They were offered over a semester time frame, about once a week. They were capacity crowds. There were also educational sessions on understanding the program- based management approach to patient care. The presentation gave us some idea of what the structure would look like once it was in place.

#### Staff Development Employees

A total of three (3) staff development employees were interviewed. All three (3) were part of the large corporation being formed from the six (6) individual organizations. These employees represented two (2) of the major organizations involved. The interview questions asked these respondents their perception of the changes in the role of staff development that had occurred because of downsizing, changes that they perceived in employees' educational needs due to downsizing, and any changes that they had encountered in the adult learner in the traditional learning environment.

The respondents were Doris, Ned, and Peter. All three (3) have extensive work and educational backgrounds in the areas of staff development in health care settings, and in educational settings with the adult learner.

### Changing Roles for Staff Development

The three (3) Staff Development Employees who were interviewed agreed, without exception, that downsizing had created a changes to their traditional roles. All three (3) of these employees identified a new, and continually emerging, consultant role for staff development employees. Not only did Doris identify the consultant role, she also specified the types of consultation that were being required:

The demands on me for consultations alone, are increasing every month. And the consultation service works at different levels. At one level you're talking about where you have people come in who are trying to develop their own workshop, and we'll work with them in terms of format and in terms of the experiential teaching that may be appropriate. Secondly, you get consultation in the area of resource materials. So we might get calls from students, agencies, businesses, or employees, looking for materials on specific topics.

Doris also identified the role of counsellor, but also expressed some concerns regarding a viable future for this role:

There are definite assessment counselling skills needed. But what it comes down to is that because of time pressures, I am doing as little counselling today as I have ever done. It's because I just don't have the time. The demands on my time for education and consultation are just incredible.

In addition to roles as consultant and counsellor, two additional roles were identified. Ned identified these roles as that of co-ordinator and investigator:

The focus of the things we offered got changed, and also the focus became wider through being responsible for

more than one site. So our role became one of coordinating educational presentations, with not alot of front-line delivery.

There's also alot of investigative work, where you investigate the cost of things, the costs of training programs. I've written several reports in the last year, which require alot of mytime really. I would never have done that before. And there's alot of research required prior to doing it.

All three (3) respondents expressed a degree of nostalgia for their lost roles, and a certain confusion with respect to their present and their future roles. Ned expressed the confusion that he felt was caused by the restructuring/downsizing process:

You don't know who you have to serve anymore. So, you wait until projects are posted and pick the ones you want to do. There's no exact clear picture of what our roles are. I think we're evolving certainly. I know that there is a more consultative role for us. Maybe less of being a frontline deliverer of programs.

All three (3) expressed definite feelings with respect to the roles that they preferred, and regarding the direction that they would like their roles to take in the future. Peter's comments expressed these feelings, and added a concern about the loss of traditional roles:

I still want to be in the classroom. I miss that. But at the moment it's difficult to organize things. The new role I'm hoping for. Once the needs are identified and the programs are in place, will have some of both. I think it's important for the educator to be visible to the people we are providing the education to. I think that if we stay too much behind the desk in the role of consultant, our worth won't be recognized.

Well, I think that we are still in flux. nothing is in

place yet so we can't say that this is the new structure, and that these are the needs. But I really feel that the days of providing nice to know information are gone. There will be no time or money for frills, lifestyle, personal development, and that type of thing.

### **Changing Educational/Training Needs of Employees**

Peter stated that the educational/training needs of the employees of the large corporation had not yet been formally assessed. Assessment was currently being accomplished on a very informal basis. The following statements pertaining to changed employee educational/training needs are based primarily on the perceptions of the staff development personnel. Peter described the problems that were being encountered with formal needs assessment for such a large number of employees:

Well, the changed needs are sort of difficult to determine because we have such a large organization and still in flux. There are approximately 6,000 employees, so we haven't been able to do a corporate wide needs assessment yet. That's something we want to do, but we have to have a mechanism in place to analyze the data. We need to have some type of interpretative package to do that.

Peter continued to describe what he perceived as the needs of employees during the downsizing process, and after major changes had taken place:

While the process is in progress people need support, they need information. There's nothing that's more important than communication. I think that there's a big need for information and communication when things are happening... And then after the change is

complete, people are looking to be re-trained, or to improve their skills to make sure that their positions are not in jeopardy.

Peter recounted the story of a dietary employee, who because of impending layoffs in her area, was attempting to up-grade her keyboard skills. She had completed a course in Office Administration several years before, but had lost much of her keyboard skills and accuracy because of lack of work in her area of expertise. This employee approached Peter, who subsequently arranged the time and the opportunity were for this employee to have keyboard practise. This employee spends her lunch periods practising the keyboard in an administrative office. This is not an isolated case, but seems to be restricted to one specific category of staff. As Peter described:

We find it's mainly support staff. What we loosely refer to as untrained, non-professional staff that have been here five, maybe six years. But, when they hear that 90 people are going to be laid-off from housekeeping, they think they may not have been here long enough to hold on. So they're looking for something that they can do to make themselves a little more versatile.

Both Doris and Ned commented on the types of presentations that have been requested frequently, and that have been very popular with attendees. Ned described the types of workshops that had been offered to those employees who would quite possibly be losing their jobs:

A lot of workshops were offered to employees who were to be laid-off, and who would be planning to apply for other positions. We presented workshops on how to write resumes, and how to present yourself in an

interview. I was involved in co-ordinating a project in which we provided all staff with the opportunity to learn about the program based approach to care. Unfortunately, we could get very few support staff to attend those.

Doris reported dramatic increases in requests for workshops in very specific subject areas:

In the past two years I can say to you that I've had about a 200% to a 300% increase in requests for workshops related to dealing with crisis types of situations.

Both Doris and Ned identified that employees now needed alternate scheduling of presentations and alternate delivery methods to meet their changing job demands. As Doris stated:

One of the major areas that downsizing has affected is allowing people to be freed up to attend educational sessions. So you may have sessions that deal with stress or change, but there is a problem with release of staff. Especially staff who work shifts or who have very little flexibility and control over their workday.

Ned identified the importance of alternate delivery methods, in addressing problems created by difficulty in relief of staff for educational sessions:

... And we have to look at other methods by which employees can learn. promoting more self-directed learning and more computerized learning.

### Changes in the Adult Learner

Neither Peter nor Ned identified specific changes in the adult learners in

the traditional classroom setting. However, they did identify changes in employee eagerness to avail of opportunities for various educational/training offerings. The employees' new found interest was attributed primarily to keeping present positions, or the possibility of attaining new positions. Ned described this trend, as well as some concern with regard to misconceptions on the part of these employees:

The staff in some of the lesser skilled types of jobs are really going to be the first ones to be affected, because their departments are going to downsize as they amalgamate. So a lot of employees feel that certain educational opportunities are going to make them more employable, or better able to get them other jobs. A classic one is that if they have computer training they will certainly get a job at something. They don't understand the full concept of what is one word processing course, or one Micro-Tech course going to do for them... And certainly there are some staff that will avail of things themselves and others who won't. I guess it depends on the need at the time. I think if it affects job promotion, or job security I think they would pay on their own time to do it.

Doris, the only staff development employee who still spends a considerable amount of time in workshop settings, has been readily able to identify the anxious adult in the learning environment. She also recognizes the value of providing special opportunities for these employees to vent their emotions in a relatively safe setting:

When conducting workshops, it's not difficult to pick out individuals who are quite stressed. Through their verbal and non-verbal behaviours. It's not uncommon to have these people approach you personally at coffee, or at

lunch, or after the workshop. Asking you for help or referral services for themselves or their families. Quite often these days alot of employees are stressed, and working in situations in which they are afraid to express their feelings. They are afraid to open their mouths to say that they have some concerns here, or that they are afraid of this. It's important to give these people a chance to get their feelings out.

### **Document Analysis**

#### **Mission Statements**

##### **Health Care Organization**

Inquiries revealed that the health care organization, created from the amalgamation of the six (6) smaller organizations and employer of the nine (9) respondents, had not yet developed a formal Mission Statement. This organization is operating under a statement of Corporate Values and Guiding Principles (please refer to Appendix C).

The organization has five (5) Corporate Values. These values include a respect for all persons, provision of a caring health care community, a commitment to justice and fairness, a belief in the value of collaboration and teamwork, and a continual pursuit of excellence. Seven (7) Guiding Principles have also been established. The first and second of these principles deal with the provision of comprehensive health care services and establishing a wellness focus



for all individuals. Involving visions of the public in the organization's future and dialogue between health care and the public are the focus of the next two (2) Guiding Principles. Providing user friendly environments, accountability to the public, and committing to evaluation, are the focus of the remaining principles.

#### Staff Development Services

The Staff Development Services for this health care organization has not yet developed a Mission Statement. At present, the Educational Services operates within the Corporate Values and the Guiding Principles of the Organization.

#### Advertised Educational Opportunities

The educational opportunities provided by Educational Services are posted to all areas of the organization, and to outside health care organizations, on a monthly basis. The posted schedules from September, 1996 to February, 1997 were reviewed. During this period an approximate total of 1409 hours of educational opportunities were available to employees. Table 1 below, lists the topic areas offered, and the number of hours allotted to each area:

**Table 1**  
**Educational Opportunities**  
**Topic Areas/Scheduled Hours/% of Total Hours**

| Topic Areas                         | Hours  | % of Total |
|-------------------------------------|--------|------------|
| Life Support Training               | 374    | 26.6 %     |
| Site Specific Orientation           | 325    | 23.1 %     |
| Continuing Ed. (Professional Staff) | 238.25 | 17 %       |
| Management of Crisis Situations     | 176    | 12.5 %     |
| General (Corporate) Orientation     | 91.5   | 6.5 %      |
| Continuing Ed. (General )           | 31     | 2 %        |
| Continuing Ed. (Support Staff)      | 16     | 1 %        |

### News Bulletins

A total of 13 of the organization's news bulletins were reviewed. These bulletins covered the period from February 6, 1996 to January 6, 1997. Each of these bulletins consist of a single, double sided page. These bulletins are published for the employees, and for the people who avail of the health care organizations's services in the region served.

The first side of this one page publication consists of one or more editorial contributions from various services and/or administrative personnel of the organization; side two addresses questions from employees about various aspects of the re-structuring and the downsizing process.

Individuals with questions or concerns are asked to forward them to the Communications Department. Any questions that cannot be addressed via the bulletin, are answered on a more personal basis through a 24-hour Hotline (provided that the individual is willing to leave his/her name and phone number). Issues or concerns of a very individual or job specific nature are not addressed in the bulletin. The individuals or groups asking questions, and the individuals who address the questions are recorded on side two of the bulletin.

The bulletins were reviewed for the nature of the headlines and the editorials, and for the various categories of questions asked, and addressed. Table 2 is a summary of the bulletin headlines, and of the topics concerning which questions were asked and answered:

**Table 2**  
**Summary-News Bulletins**  
**Editorial Headlines/Question Topics**

| <b>Date</b> | <b>Editorial Headlines</b>  | <b>Question Topics</b>  |
|-------------|---|---|
| Feb. 26/96  | "Program Based Management-Starts Late Feb."<br>"Transition Talks Lead to Tentative NAPE Agree." | Site EAP. Programs/National Forum on<br>Health/Moving Child Health Services/<br>Program Director Positions      |
| Apr. 8/96   | "Quality Care/Quality Service-To the Future"<br>"Volunteers Needed to Pilot Quality Programs"   | Child Surgical Day Care/Woman's Health<br>Program/Supervisory Positions/Admin.<br>Services/Sexual Abuse Program |
| Apr.22/96   | "Planning for New Child Health Facility"<br>"Interviews for Program Directors"                  | Donations to Organization/Transfer Advisory<br>Committee/Volunteer Week   |
| May 6/96    | "Staff at All Sites Making Use of Hot Line"<br>"CEO Visiting Staff Sites Again"                 | Member Sites/Program Divisions/Cost Saving<br>96/Program Based Management & Nsg. Care                           |
| May 23/96   | "Health gets Three Year Budget"<br>"Hotline Sizzling"   | Program Based Management/Professional<br>Advisory Comm./Microbiology Services                                   |

**Table 2**  
**Summary-News Bulletins**  
**Editorial Headlines/Question Topics**

| <b>Date</b> | <b>Editorial Headlines</b>  | <b>Question Topics</b>  |
|-------------|---|---|
| June 21/96  | "CEO. Establishes Professional Advisory Council"<br>"Human Resources Reports on Staff Reductions" | Cardiac Surgery Program/Cardiac Surgery<br>Waiting List/Discharge Planning Social<br>Workers                    |
| July 3/96   | "Little Flexibility in 95-96 Budget"  | Management Contracts-Effects on Support<br>Staff/Social Work Departments  |
| Aug. 5/96   | "Consolidation Results in Considerable Operational<br>Saving"                                     | Program Based Management/Move of<br>Children's Rehab/Emerg. Dept. Closures/<br>Continuance of Stand-By Services |
| Sept. 9/96  | "Master Plan Approved for Construction and<br>Renovations"  | Progress of Program Based Management  |
| Oct. 10/96  | "Identifying New Directions-Seniors Care"   | Cancellation of Maintenance Contracts/  |

**Table 2**  
**Summary-News Bulletins**  
**Editorial Headlines/Question Topics**

| <b>Date</b> | <b>Editorial Headlines</b>                                       | <b>Question Topics</b>  |
|-------------|--|---|
| Oct. 10/96  | "We Know There's a Parking Problem...."                          | Space for Obstetrical Beds/New Hostel/<br>Closure Dates for Grace and Janeway   |
| Nov. 12/96  | "Corporation Holds First Annual Meeting"                         | Financing of Extension/Budget Cuts 1996-97/<br>Workforce Reduction Strategies/Temporary<br>Employees in Support Positions |
| Dec. 2/96   | "Corporation Supports Employees Wishing to<br>Acquire New Skills | Acquiring a Pager/Number of Temporary<br>Employees/Availability Physio. and<br>Occupational Therapy Services to Staff     |
| Jan. 6/97   | "New Operational Plans for Housekeeping and<br>Dietary"          | Demolition of Historic Buildings/ Closure<br>of Site Specific Cafeteria Services  |

## CHAPTER FIVE

### CRITICAL ANALYSIS OF DATA

This chapter represents a critical analysis of the data provided by the interview subjects and from the review of pertinent documents. The broad themes that are present in the data are identified and discussed with reference to the theoretical framework provided by pertinent literature sources. The themes that are identified are examined in the light of the current climate, culture, and pressing issues of today's health care organizations. All the themes and issues that are identified are then viewed through the lens of the everyday realities of the individuals who comprise the health care workforce.

For the purpose of critical analysis the data has been reconstructed and organized through categorization of major themes. These themes are as follows:

Theme 1: Employee Need Levels

Theme 2: Change

Theme 3: Empowerment

Theme 4: Information/Communication

Theme 5: Leadership

Theme 6: Staff Development Role Change

Theme 7: Learner Needs/Learning Opportunities

### Theme 1: Employee Need Levels

The data gathered in this study illustrate the existence of a clearly defined dichotomy between the reactions and needs of support employees and professional employees, in response to downsizing. The support employees had very strong reactions to the downsizing process. The predominant feelings expressed by this group were uncertainty, anxiety, fear, and anger. Although the professional employees that were interviewed did report some initial uncertainty and anxiety, these feelings were experienced primarily in the preliminary stages of the restructuring/downsizing, and were relatively fleeting. The support employees however, continued to experience these feelings. The feelings have not faded, and appear to have increased in intensity as the changes within the health care organization have continued.

Maslow's (1970) Hierarchy of Needs Model, Figure 1 below, can be used to examine the threats to individual employees by downsizing. Maslow posits that

Figure 1  
Maslow's Hierarchy of Needs





an individual's motivation stems from the drive to fulfil unmet needs. The physiological needs at the bottom of the model must be fulfilled before the individual can pursue higher needs.

In Maslow's model, job security is inherent in the safety needs (Sudderman, 1995). When jobs are threatened, there is anxiety, fear, and loss of structure and order, all of which comprise the safety needs category. In addition, job loss (or threat of job loss) impinges on an individual's sense of belonging to a group. Self esteem is also threatened because an individual's sense of importance is challenged, and there is uncertainty as to one's adequacy to meet new demands. Work not only provides employees with financial rewards which help provide the basic necessities of life, it also provides opportunities for social interaction, self fulfilment and growth, a sense of purpose within a group, and a social identity.

The most profound effect that downsizing on the health care employees interviewed was the actual, or the potential loss of their jobs. The professional employee respondents experienced some initial uncertainty with regard to job security, but as the downsizing progressed they experienced no loss of positions in their specific areas of expertise. As well, there appeared to be no plans in the immediate future to downsize their services. Professional employees in health care are specially educated and trained individuals who perform very specific job functions. There are very few other individuals within the health care organization that would be capable of performing these same functions. The

professional employees who were interviewed, had not found themselves in the position of precarious job security. To this date, they have experienced only a change to the structure of their jobs. These professional employees have not experienced, and are not experiencing a threat to their security needs.

The specific health care organization studied eliminated 191.8 positions during the period from April 1, 1995, to March 31, 1996 (Update, June 21, 1996). Of this total number of positions eliminated, 46% were from management/administrative positions and 54% were from support employee positions. There are as well major changes planned for the delivery of dietary and housekeeping services within this health care organization; changes that will result in downsizing the number of employees working within these services (Update, January 6, 1997).

Within health care organizations, the majority of support employees perform job functions for which minimal training and experience are required. Most support employees can perform the job functions of their coworkers with very little difficulty. Multiskilling of support employees is a strategy that is being used in the areas of utility, housekeeping, laundry, and dietary services in this health care organization, and many other health care organizations in Canada (Mann, 1995). Multiskilling involves the training of employees to perform several job functions. Plans to reduce the number of employees in support services, union seniority rights, multiskilling, and standard bumping procedures provide very real job threats to the support employees of this health care organization.

very real job threats to the support employees of this health care organization.

The support employees interviewed are living and working under constant threat to their job security, and subsequently constant threat to their safety needs. According to Maslow's Hierarchy of Needs Model, individuals in this situation would not be motivated to fulfil higher level needs for belonging and love , or self-esteem. As a result, it should not be surprising that these employees are not overly concerned with the optimal functioning of their work groups, congenial work relationships, or outstanding work performance. The main concern, or fear, of these employees is for their own safety and security as employees in this health care organization.

### **Theme 2: Change**

All three (3) employee groups interviewed, expressed concern regarding change. Support employees were concerned with change to their job security and with their ability to cope personally with these changes. The professional employees interviewed were concerned with the changes occurring within the organization, and to the structure of the service delivery in their specific areas. The staff development employees interviewed expressed concern regarding changes to their traditional roles within the organization. Both the professional employee group and the staff development employee group demonstrated a considerable amount of insight, and placed a high degree of importance

on their personal reactions to change. The support employees interviewed appeared to be suffering the most stress related to change, and related to their personal ability to cope with the change process.

The change resulting from re-assignment of job position or from change of job status, can sometimes be described as being similar to having lost one's best friend (Burford, 1996). Often overlooked is the importance and the meaning that people place on their work. Employees are often devastated by the changes involved in being required to do something different, and frequently report such feelings as shock, disbelief, sadness, and a high degree of stress. Traditionally, the majority of support employees have had very little formal education and/or training for their jobs, and are usually not well represented at educational opportunities for personal or professional development that would deal with such issues as change, coping with change, and change strategies. In the workplace, support employees have not had equal opportunity to develop, or expand on, the knowledge and skills needed to cope with the changing health care scene.

The three (3) staff development employees interviewed, were not concerned with personal coping. As all professionally trained employees, they would be reasonably familiar with the change process and coping strategies. These employees expressed concern regarding the changes that were occurring to their traditional roles in the health care organization. They also had serious concerns with respect to the nature and the scope of their new and traditional

roles in the health care organization. They also had concerns with respect to the changes that were occurring to their traditional methods of service delivery.

The professional employee respondents were concerned with the number and the nature of the changes that were occurring within the organization. One of the professional employees stated that it would have been much easier to try to accomplish one major change at a time, than to have several major changes occurring at the same time. Hanson (1991) states that when contemplating change, the degree is crucial. The change process within the organization, as described by the professional employee, fits Hanson's description of earthquake change:

Earthquake change, just as the name suggests, responds to a felt need of the organizational leadership that change should be comprehensive and rapid, impacting on structures, people, programs and technologies. An earthquake change strategy is such a high risk that you must hit it just right or you come up sucking swamp water. (p. 322)

### **Theme 3: Empowerment**

The data gathered from support employees indicated a general feeling of helplessness, of having no input into the changing nature of their jobs, and no power over their future as health care employees. One support employee indicated that job loss was the equivalent of his life being over. Although professional employees reported a slight feeling of bewilderment at the outset of

professional employees who were interviewed reported that they had been given opportunities to participate in program planning groups, focus groups, strategic planning groups, and coming together groups. No such opportunities for input were reported by the support employees. The professional employee group were generally optimistic, expressing none of the feelings of helplessness and hopelessness that were so commonly expressed by the support employee group.

Individuals who feel powerless believe that they have no control over a situation or that their actions will not sufficiently affect outcomes (Staples, Baruth, Jefferies, and Warder, 1994). Support employees traditionally have limited access to key administrative individuals in the organization, causing a degree of self-consciousness and intimidation. Finally, some individuals may be unwilling to voice their opinions and concerns because of fear of jeopardizing their present or their future job status, and overall well-being. Often, for these reasons, individuals remain silent even when they have the opportunity to speak. Dissatisfaction, reluctance to participate, and anger are the usual outward responses of individuals who feel that they have lost control of specific aspects of their jobs or their lives.

Empowerment occurs when individuals gain a sense of mastery over their own lives. Empowerment implies that individuals must become active participants in making the decisions that will ultimately affect them. Although individuals empower themselves, others can play an important role in making that

empower themselves, others can play an important role in making that empowerment happen, even for the reluctant individual. Curtain (1993) uses a parable of an eagle to represent what empowerment is all about. The parable tells of a young, severely injured eagle that was nursed back to health by a caring farmer. When grown, the eagle still continued to live on the farm with the farmer's chickens. The eagle lived like a chicken and, in fact, thought it was a chicken. The parable outlines the attempts that were made to encourage the eagle to act like an eagle, not a chicken. The process wasn't easy. Trying to change the eagle's environment and teaching it how to fly were not enough. A new attitude in a new environment, had to be created. This process was hard on the eagle too! The eagle had been frightened and hurt in the past, and had grown accustomed to the old, safe ways. It was hard for the eagle to believe that the old ways could cause destruction. It was also difficult for the eagle when people blamed it for being what it had been taught to be all its life.

Support employees in health care, work in an environment that has categorized their job functions as--support. The use of the term "support" indicates that their job functions are not of primary importance; their functions allow the major functions of the organization to be performed. In the past, support employees had little experience with vision building and strategic planning. The data gathered from the support employees in this study indicate that this situation still exists. Usually, the changes occurring within health care

organizations did not greatly affect support employees; their support functions always had to be maintained. The current changes within the health care organization are having a dramatic effect on support employees, their jobs, and how they carried out their traditional roles. These are the employees, who in the past, felt little need for empowerment with regard to job functions. These same employees are now feeling and expressing the effects of lack of empowerment. To expect these employees to become instantly empowered, and to take advantage of opportunities for input, is a little like expecting chickens to take flight and soar like eagles--with no prior preparation.

#### **Theme 4: Information/Communication**

The data collected from both support employees and professional employees made special mention of the availability of information and of the effective communication of information. Support employees identified both these issues as problems that contributed greatly to their anxiety, their frustration, and their general negative experiences with downsizing. However, the professional employees identified these issues as aids that were of great benefit to them and that contributed to their general positive experiences with restructuring/downsizing. The professional employees made special mention of the Communication Department that had been established to facilitate fast, effective communication of information throughout the organization. The



accessibility of information via computer messages and the special news bulletins published by the organization, were also given special mention by the professional employees. The support employees made no mention of communication departments, computer messages, or news bulletins. The main concerns of the support employees were being made aware of information, having accurate information, and knowing information about long range organizational plans so that they could determine how they may be affected in the future.

In his book Powershift: Knowledge, Wealth, and Violence in the 21st Century, Alvin Toffler (1993) identifies information and knowledge as being the source of power that is quickly taking the lead in today's society. Information is today's rapidly emerging source of power. He states that as we race into the information age, knowledge can be available to anyone who wishes to and has the ability to obtain it. With information comes power, the power to make informed decisions, the power to have input into decision making processes, and the power to have a certain degree of control over various aspects of one's life.

The professional employees who were interviewed, reported having ample information at their fingertips. They also reported having easy access to the information necessary to keep them current with the changes and the plans of the organization. This group of employees have relatively easy access to management personnel, have personal computers in their offices, and the skills necessary to use these computers to access information, have routine communications placed in

their mail boxes, and can schedule time during their work day to review these communications. This ample information and knowledge gives the professional employees the feeling of power and control over their work situations—empowerment.

Although change is reported to be in progress, health care organizations still operate under the classical, closed, bureaucratic organizational structure model (Hanson, 1991). The position of support employees in this hierarchial structure is considerably lower than the position of professional employees. Add to this fact the lack of control that support employees have over the flexibility of their work schedules, and it becomes obvious that their access to administrative personnel (the source of much information) is very limited. And, when visits from chief executive officers and top administrative personnel are scheduled, these work schedule requirements and inflexibility often prevent the attendance of many support employees. Support employees do not have offices; they do not have personal computers (or in some cases access to computers); and often they do not have the necessary skills to use a computer to access information. These employees rely heavily on the information that filters down the hierarchy. Often this information is not entirely accurate and includes the interpretation of each individual who has heard and relayed the information.

Access to the regularly published new bulletins requires support employees to make a special visit to the drop off sites. A review of a number of these

bulletins for purposes of data collection revealed that a high level of literacy would be required to read and understand the majority of the information presented. The educational level required for many support employee positions is currently Grade VIII, and a number of years ago the grade level was Grade VI. Many support employees may not have the ability to read and/or understand, and to discern the implications of the material contained in these bulletins. The topics presented in these bulletins dealt with budget issues, advisory committees, program based management, and quality initiatives. The majority of the questions that were asked and answered in these bulletins, dealt with similar topic areas. The support employees who were interviewed showed concern with very specific issues pertaining to their own job situations and their own needs for job security. These employees may be unlikely to see the relevance of these News Bulletin topics to their own specific concerns, and may therefore be unlikely to read any further than the headlines. The bulletins also stated that inquiries of a specific, personal nature were not appropriate to be addressed in the bulletin.

These bulletins direct employees with specific personal inquiries to a 24-hour Hotline that is maintained by the organization. Repeated calls made to this Hotline by the researcher revealed that this service consists of a voice message requesting that the caller state his/her question or concern, and leave his/her name and number so that they can be contacted. Support employees in health care organizations have not traditionally been an empowered group. Combine

this lack of empowerment with uncertainty, anxiety, and fear that often characterises their work environments , and leaving their concern, name, and number with upper management personnel may become a threatening task for many support employees.

Without the free flow of information and ideas throughout the organization there cannot be cooperation and understanding (Kanter-Moss, 1977). Any group who feels left out of the organization is not likely to care much whether the organization meets its objectives or not.

#### **Theme 5: Leadership**

The quality of the organization's leadership was an issue on which the professional employees and the support employees voiced definite, but opposing opinions. The professional employees expressed a faith in the quality of the leadership they had experienced so far, and in the quality of future leadership. The support employees however, gave this same leadership very negative reviews, and expressed very little faith regarding their future under the current leadership.

Leadership is a very difficult concept to explain. The signs of outstanding leadership appear primarily among the followers (Depree, 1989). For example, do the followers change with grace? Are they reaching their full potential? Are they learning? Can they manage conflict? The data gathered from the professional employees indicate that major changes are being accomplished without great

difficulty, that objectives are being attained, and that conflict between individuals is minimal. The support employees however, did not appear to understand the changes, and are not accommodating them gracefully. Support employee accounts of rifts between best friends, and employees with their "fists up to each other" (p.57) are not indicative of effective conflict management.

In their summary of the discussions of a group of scholars and practitioners, from various professions, on the topic of leadership, Bolman and Deal (1994) made several statements with regard to the nature of leadership. Their first and primary statement was that leadership comes into play when a system is not working well, and someone must find out why and then decide what to do. They also state that leadership can be exercised from any part of the organization, it does not require position. Leadership also brings people and conflicting ideas together. The problems being experienced within the health care system in general, certainly indicate a need for effective leadership. The leadership of this specific organization appears to be topped-down in nature, as is typical of bureaucratic, closed systems. The data gathered from the employee groups does not indicate that all employees and conflicting ideas have been brought together.

Ninomiya (1988) likened the qualities of effective leaders to the qualities of the wagon masters notorious in the westward movement of the last century. The wagon master had two major responsibilities: keeping the wagons moving towards their destinations, day after day despite obstacles, and maintaining harmony and a

spirit of teamwork among the workers of the wagon train. The wagon master's worth was determined by his ability to reach the destination safely and to keep everyone's spirits high along the way. Leaders must be decision makers. This responsibility is two fold, it involves making the right decisions and encouraging the participation of subordinates. Effective leaders must be communicators and listeners, and must spend time with the followers learning to effectively sense the group dynamics. Leaders must be teachers; always teaching other individuals how to become leaders. Leaders should be peace makers, minimizing conflict is a very important leadership function.

People seek leadership (Zenger, 1985). They want to join in the pursuit of goals and values that they perceive as worthwhile. Health care employees also seek leadership. The data obtained indicate that professional employees feel that they have effective, capable leadership and that support employees do not perceive their leadership as effective, and have little faith in the capability of their leaders.

Support employees have positions in the organization's hierarchy that is considerably lower than the position of professional employees. This lower position decreases access to the leaders in the organization, and blurs the visibility that leaders must maintain to keep in touch with their followers. Lack of flexibility in their work routines and lack of control over their work day hours are factors that severely limit the ability of the support employee to participate in

planned opportunities for vision building, sharing, and strategic planning. The opportunities for input and for participation are limited by the nature of the jobs held by the majority of support workers. Many of the work day realities of support employees are not experiences that are shared by professional employees. These realities may well contribute to the differing perceptions of the quality of leadership between these two (2) employee groups.

#### **Theme 6: Staff Development Role Change**

All three (3) of the staff development employees interviewed reported having experienced very definite changes to the traditional roles within the health care organization. The major change that was cited involved moving from front line development and delivery of educational opportunities, to that of consultant to other areas of the organization, coordination of large educational events, and counselling with individual employees with regard to appropriate educational experiences. Two (2) of the staff development employees stated that they very much missed their more traditional roles, and one (1) employee expressed concern that he would lose his value to the organization and his credibility as an educator, if the majority of his time was to be spent behind his desk consulting and coordination. All the staff development employees who were interviewed recognized that their roles were still evolving, and that these roles may change considerably before the downsizing is completed.

Unique challenges are faced by staff development employees during times of downsizing (Sudderman, 1995). There is a paucity of literature addressing the wealth of opportunities for the provision of educational and training to help employees cope with their work situations during downsizing. Sudderman posits that staff development employees have both formal and informal roles that may increase during times of organizational change. Employees should be helped to adjust to their new roles and/or changed work situations and every effort should be made to accommodate employees' needs so that transitions are made as easily as possible for both the employee and the organization.

The data obtained from the staff development employees indicated that many of their traditional roles had been lost, especially the roles of front line development and delivery. The new roles being assumed by these employees (coordination, consultation, counselling) represented moves away from the traditional role. The new role of counsellor falls within the informal role described by Sudderman. However, the formal role which consists of formal educational opportunities on topics that meet employees needs (stress management, motivation, self-esteem, coping with change/loss, handling conflict, interviewing skills, resume writing, financial planning, entrepreneurship) appear to have been supplanted by consulting and coordinating roles. The three (3) staff development employees reported that formal contact with learners in educational settings had dramatically decreased. This factor may be responsible for their



failure to identify any differences in the adult learners in educational settings during the downsizing process. Consequently, they reported that no adjustments had been made to their staff development practices, to accommodate the needs of the anxious adult learner.

These staff development respondents are all highly trained professionals in the area of adult learning, program development, instructional design, and front line delivery techniques. The consulting role described by these respondents indicated utilization of their specialized knowledge and skills, but the coordinating role was described as consisting of primarily secretarial functions. In light of the current health care mandate for streamlined, cost effective service delivery, under utilization of the special skills of any employee group does not constitute cost effective strategy. Shaw (1995) considers such under-utilization as waste. Other staff development practices that Shaw considers as not being cost effective are acceptance of impossible time and financial constraints for education/training, and the planning and delivery of education and training by individuals without the special knowledge of adult learning and instructional design for adults. Cost effective staff development must assess and target workplace needs. To date no formal assessment of needs has been completed in the organization studied.

The new roles reported by the staff development respondents appeared to be primarily reactive in nature. Needs assessments had not been attempted in any area of the organization and the service was functioning in response to

numerous requests from other areas of the organization. None of these respondents reported that any collaborative efforts were underway that would help them to define their own roles within the organization. All these employees reported that responding to the demands on their services from other areas of the organization, left very little time for such activities as vision building and strategic planning for staff development services.

#### **Theme 7: Learner Needs/Learning Opportunities**

All three (3) groups of employees interviewed identified needs that they perceived as having been created by the changes that were occurring within the health care organization. The identified needs were associated with the employees' specific work situations and/or with personal needs, and their inability to cope with these needs.

The support employee group identified the greatest number of needs. These employees did not identify their concerns as needs, but as issues that had been created by organizational downsizing, and they did not identify these concerns as areas that could be addressed by staff development services. When asked specifically how staff development could help meet their needs, these employees did not identify the potential of the service. Support employees identified needs for increased information, more effective communication of information, skills to cope with change/loss, stress management, handling conflict,

financial management, and orientation to new job sites. The needs identified by these support employees pertained specifically to their ability to cope on a personal level.

Both the professional employee and staff development employee respondents expressed very similar needs that were created as a result of downsizing. These two (2) groups also demonstrated similar insight into the relationship between these needs and their personal reactions to the changes occurring within the organization. For example, these employees were aware of the stress and conflict inherent when several groups of employees, who previously had functioned as independent work units, were required to amalgamate their services. The needs identified by these two (2) employee groups were stress management, handling conflict, coping with change, and team work. These needs were specific to their job functions.

The review of the educational opportunities provided by staff development services of the health care organization for the six (6) month period from September, 1996 to February, 1997, revealed that very few of these employee needs had been formally addressed (Chapter Four--Presentation of Data). The one need that was identified by the support employee group, that of site orientation, was adequately addressed on these schedules of educational opportunities. Of the total number of hours of staff development opportunities scheduled over this time period, 29.6 % were devoted to corporate (general) and

site specific orientation. The majority of the educational opportunities offered over this six (6) month period were concerned with maintaining and upgrading of the skills of professional staff. None of the specific needs identified by the groups of respondents were addressed on the staff development schedules of educational opportunities.

Professional and staff development employees are highly trained individuals who have had groundings in many areas of personal development in their preparatory programs and belong to professional associations that provide opportunities for personal and professional development. The majority of support employees have not had formal training programs, and do not have professional associations that can provide them with opportunities for personal development. Many individuals in the support employee group would not have the necessary knowledge or the opportunity to access information and/or help with regard to their identified needs. As a result, the needs of support staff in these areas are more likely to go unmet.

Two (2) of the staff development employees expressed frustration at the difficulty experienced when attempting to encourage support staff to attend planned sessions concerning program based management or meetings with the organizations top executive officers. Adult learners will be motivated to learn only what the need to know (Cerney, 1996). They want to learn things that will help them cope with life situations, marriage, death, divorce, or job loss for

example. The more life changes experienced the more the adult is motivated to learn through engaging in learning experiences. Indeed, adults will seek out these learning experiences. The support employees in this health care organization who are experiencing almost constant threats to their job security (safety needs) would probably not feel the need to know how site based management will look in five (5) years, or to go to a meeting to hear the chief executive officer talk about the vision for a new system of health care.

## **CHAPTER SIX**

### **CONCLUSIONS AND RECOMMENDATIONS**

This chapter presents conclusions and recommendations which have been generated from the information obtained in this study. The perceptions of those employees who participated in the study, information obtained from pertinent documents, and the review of relevant literature provided the basis for the formulation of these conclusions and recommendations. Also contained in this chapter are suggestions for future research.

#### **Conclusions and Recommendations**

Organizations are usually thought of as inanimate objects. Organizational structures and organizational systems are spoken of as if the organization were a building or a machine (The Royal Bank Letter, 1989). Organizations are actually more like warm blooded creatures, being primarily a collection of living, breathing human beings. Whatever form the organization takes, it brings people together for a common purpose. Each of these individuals has a unique set of feelings, thoughts, and attitudes. If human relations are delicate anywhere, they are especially delicate in the workplace. Work has a crucial effect on how people live their lives. Barnes, Harmon, and Kish (1996) state that the downsizing that is

occurring in many health care facilities is creating drastic and long lasting effects h the organization and the employees.

The health care organization that employs the nine (9) individuals that participated in this study, has as its first corporate value "Respect for all individuals". The Corporate Values of this health care organization form the basis that shapes the organization's approach to employees (Barr, 1993). The data collected in this study indicates that all three (3) employee groups are experiencing definite needs as a result of downsizing. One (1) specific group appears to be experiencing a great deal of distress—the support employee group. It would appear that senior administrative decision makers are not fully cognizant of, or sensitive to, the effects on employees of their decision to downsizing and of the potential trauma that can be experienced by employees. Webber (1994) states that the whole downsizing process should be conducted in a manner that is respectful of human dignity. Many sources are available that describe guidelines for downsizing that are respectful of the individual employees who will be affected (Webber, 1994; Rozboril, 1987; Godfrey, 1994). A top administrative level aware of the organization's commitment to respect for all individuals, ever vigilant of the well being of all employees, possessing knowledge the downsizing process and its effects on employees, and of the guidelines that should be followed during downsizing, will create an awareness and vigilance throughout all levels of the organization.

The data obtained from support employees indicated that problems were also being experienced with management personnel of companies that were contracting services, such as dietary or housekeeping services. This data indicated that the management tactics used by some of these individuals are particularly demoralizing to the support employees involved, and in effect, are counterproductive. The administration of this health care organization should insure that these managerial individuals have an knowledge of information pertaining to downsizing and a sensitivity for, employees during the downsizing process. These individuals should be provided with knowledge of management techniques that are respectful of employees' needs at this special time.

In times of tumultuous change within organizations, there are numerous demands on the time of top administrative decision makers (Hanson, 1993; Barr, 1993). Losing touch with, or losing sight of, individual employees or employee groups can very easily be a consequence of these time pressures. The services of staff development could well be utilized to provide formal educational presentations to the organization's top administration and to the management personnel of contracting companies. These presentations should deal with the human side of downsizing, provide sensitivity training to create a constant awareness of the humanness of organizations, and present the guidelines that any downsizing process should follow. Such staff development functions would, in the long term, be of benefit to administrative and front line employees of the



organization and help the organization realize it's number one (1) corporate value.

People seek leadership. Leaders provide visionary inspiration, motivation and direction, and an emotional connection between the leader and the led (Zenger, 1985). Depree (1989) states that the quality of the leadership is demonstrated by the characteristics of the followers: changing with grace, reaching full potential, handling conflict. The data obtained from this study indicates that the leadership of this health care organization is not achieving the same degree of effectiveness at all levels of the organization. The professional respondents and the staff development respondents perceived the leadership as positive and effective, and had faith in the future of the organization under the current leadership. However, support employees had a very negative, suspicious perceptions of this same leadership, and no faith in the organization's future under the current leadership. Factors influencing the perceptions of support employees may be the low visibility of leaders at the lower levels of the organization's hierarchy and the identified lack of opportunities that support employees have for input. These factors are further complicated by support employees' lack of control over their work schedules and inflexibility of work scheduling.

Bolman and Deal (1994) state that leadership is not synonymous with position, that leadership can be exercised from anywhere in the organization.

Depree (1989) describes the concept of roving leadership. He explains how roving leadership can provide a key element in the day-to-day expression of the participative process. The concept of roving leadership posits that "no one person is an expert at everything" (p. 48). Roving leadership is the expression of the ability of the hierarchical leaders to permit others to share ownership of problems and to let others take possession of a situation. It also demands a great deal of trust, and a clear sense of interdependence.

This Health Care Organization uses seven (7) Guiding Principles to guide its operations. Four (4) of these guiding principles speak of partnerships, involvement, stimulating dialogue, and user friendly environments. These principles attest to the inclusion of the public, of health care workers, and of patients in such activities as visioning, planning, and decision making. In light of the data and these guiding principles, this organization should encourage the development of leadership potential in all areas, and from all levels of the organization. Some health care professions (nursing for example) are presently in the process of offering educational programs that encourage the leadership potential within the general membership of the profession. As a general rule, support staff do not belong to professional organizations and are not targeted for programs of personal development. This last fact is demonstrated by the very low percentage (3%) of time devoted to support employees in the educational opportunities provided by staff development for the six (6) month period that was

reviewed. By providing educational opportunities in the area of leadership, staff development can play an important role in encouraging (roving) leadership from the ranks of the support employee group. Through these emerging leaders, the concerns of support employees can be addressed, and participation in visioning and decision making processes can be accomplished. Through the encouragement and participation of leaders in support employee groups, the leadership and the goals and the objectives of the organization would become more visible.

The downsizing process has brought the issue of change to the attention of all three (3) employee groups that participated in this study. The degree of concern of each respondent group appeared to be dependent upon the role of the group within the organization. To this point, the professional and staff development employees have been confronted with changes to the structure of their service delivery. The support employee group reported having been faced with many more changes. These changes included changes to supervisory personnel, changes to structure of service delivery, changes to job status/financial status, changes in actual work sites, changes in the worker group, and changes to coworker relationships and work environments. The group with the least amount of formal training, support, and resources are being required to accommodate the largest degree of change.

In his book Change Forces, Michael Fullan (1993) states that change mirrors life itself and that individuals with knowledge of how to view, cope with,

and initiate change manage much better than others. Literature indicates that downsizing of health care organizations will not be a one time occurrence, but will become a continual process of refinement within the organizations (Pawlicki, 1994). Such changes within organizations will become part of normal process. Health care employees will have to become individuals who have the knowledge of how to view, cope with, and initiate change. This health care organization should launch an organization-wide effort to educate employees about change, about their individual reactions to change, and about effective strategies for coping with change. This educational effort should not focus on specific changes within the organization, but on general issues of change and on personal issues of coping with change. Michael Fullan (1993) describes the concept of "change agency" (p. 10), as being the ability to cope effectively with change in whatever form and in whatever aspect of our lives change occurs. This educational effort should be available to all employees, and should target support employees. To target the support employee group, issues of emphasizing the importance of this skill to each employee, scheduling flexibility, and release from work issues would have to be addressed. The resources of staff development services would be invaluable in the development, design, coordination, and delivery of this facility-wide effort.

Social realities are embedded in communication—the information we receive and how we receive it (Hanson, 1991). Therefore, examining the act of

communication and trying to improve upon it should play a central role in all social institutions. Leighton (sighted in Hanson, 1991) states that organizations often misuse communication, much as a drunk uses a lamppost, for support, rather than illumination. Classical theorists have definite ideas about how the communication process should operate. These theorists taught that communication exists only to facilitate a leaders command and control over the organization through formal, vertical channels. Health care organizations continue to be bureaucratic in nature and have formal, hierarchical, and planned communication.

Communications is the glue that holds organizations together and harmonizes all its parts. In the health care organization in this study, availability of information and the effective communication of information, was perceived differently by the employee groups. Professional and staff development employees found the information and the communication systems to be more than adequate. Support employees identified the same availability and communication systems to be sadly lacking. This data indicates that this health care organization is not providing all levels of the organization with the same degree of information and adequate communication. Alternatives to news bulletins, computer messages, hotlines, and large group site visits need to be provided to ensure accurate and timely information is provided to support employees. People in different socioeconomic classes not only learn different orientations to time and money, but

have different languages and work practices (Hanson, 1991). Communication is within people, not within words.

The information targeted for support staff should be specific, pertinent to their concerns, and use the appropriate language level and vocabulary. The adult learners in the support employee group will be interested primarily in information that they have a need to know. This type of information is not well represented in the organization's news bulletins (Chapter 3-Presentation of Data-Table 2-Summary of News Bulletins/Editorial Headlines and Question Topics). More effective techniques with support employees would involve one-to-one or very small group communication of information in informal settings, with question and answer and discussion time. The effectiveness of such sessions would be increased if the sessions were brought to the support employees' work environment, and if the informal leaders of the support employees were present and participating actively on behalf of this employee group. Support employees that are to be affected by the downsizing process should be especially targeted for these sessions. This would enable them to be provided with information that is pertinent to their jobs and their futures. Barr (1993) states that improving communications is a vital component of staff development programming, and should focus on activities that support and improve communications and human interaction. Some of the helpful strategies described by Jeffreys (cited in Buford, 1996) include scheduling regular meetings to provide employees with up-to-date information about

forthcoming changes, and providing opportunities for employees to share their feelings about changes through individual counselling, support groups, or workshops, and establishing and using rituals to mourn what has been lost and to honour and celebrate the success of what once was. Examples of such rituals would be tree planting, memorial plaques, books , and photo albums. The scheduling and the coordinating of such sessions would be a challenging, but valuable undertaking for the staff development services of this health care organization.

Shaw (1995) states that staff development should raise employee motivation, enhance expectations, and offer a way forward. If the value of staff development is to be maximized, it must be viewed as a long term investment in human resources where immediate payoffs are not easily measured. Although there is general agreement as to the importance of staff development in health care, implementation of staff development services on a systematic basis has not occurred (Watts, 1994). In times of downsizing, staff development personnel face unique challenges (Sudderman, 1995). Staff development employees should effectively help other health care employees to adapt to new jobs, and they should plan programs sensitive to the unique needs of employees. They must have an extensive knowledge of the effects of downsizing, and they must address their own feelings about downsizing so that they can be effective with other employees. The staff development employees interviewed for this study indicated no in-depth

knowledge of the effects of downsizing on employees or of the special staff development roles during downsizing. They did not report an awareness of the special needs being experienced by support staff.

Barr (1993) describes the steps that are necessary for effective staff development service delivery. The first step requires establishing priorities for staff development activities. This first step is followed by assessment of employee needs; this is a step that is often not afforded less attention than it deserves. These first two (2) steps are followed by determining specific program objectives and program design, program implementation, and planning for program evaluation. Using Barr's model as a guideline, the staff development services of this organization would become more able to provide comprehensive learning opportunities that are responsive to not only organizational needs, but employee needs as well.

During downsizing the role of staff development employees has both formal and informal components. Informal roles include one-to-one and small group interactions with employees during which much counselling, teaching, and clarification of issues takes place. The staff development employees interviewed reported an increase in their counselling roles with individual employees. This increase is consistent with the reviewed literature. However, the potential roles of issues clarification, providing opportunities for employees to vent feelings, and the provision of empathy were not identified by the staff development respondents.



The formal roles of staff development employees during downsizing, which consist of addressing the specific learning needs of employees, was absent from the data obtained from the staff development participants. All these participants described a dramatic move away from this formal role. From the data it would appear evident that within this organization, staff development employees are not currently fulfilling this formal role. The leadership of staff development services within this organization should ensure that staff development employees are provided with adequate education and training with respect to employee needs during downsizing, and the accommodation of anxious adult learners in formal, educational settings.

The data indicate that the practice of staff development within this health care organization has become very reactive in nature. All staff development respondents reported a dramatic increase on the demands for their time, being made from various areas of the organization. The majority of these demands required coordinating and consulting services. These new changes in their roles were not totally satisfactory to all three (3) of the staff development respondents. They also reported that their roles were still in the evolutionary process, and might develop into something quite different. In light of these changing roles and increasing demands on services, it is crucial that at this time the leadership of the staff development service create and sustain favourable conditions for staff development employees to enhance their individual and collective performance

(Goldman, Dunlap, and Conley, 1993). These employees should be assisted to begin the process by which they can become active participants in the definition of their role in the new health care organization. A pro-active stance must be assumed by staff development employees with regard to role definition, cost effective utilization of their service, needs assessment, program design and delivery, and evaluation of the effectiveness of their service. Staff development services must demonstrate to the organization, their value in meeting both employee and organizational needs during downsizing. If staff development employees are not active and involved in defining and clarifying their own roles, their roles will be defined by groups outside their service. And, in the concerned words of one staff development respondent "our true worth won't be recognized".

#### **Suggestions for Further Study**

There are some important questions which have emerged as a result of the examination of this research problem. While the study achieved its purposed goal to examine the fit between employee needs and the role of staff development during downsizing, there are issues which bear further consideration.

One area not addressed in this study is the perceptions of staff development's role from the perspective of the health care organization's top executives, and the perspective of the leadership of staff development services. Knowledge of these perspectives, and the value placed on education and training

would provide an understanding of the climate within which staff development services are operating.

Further to this research there is a need to look closely at the perspective of these same employee groups after downsizing has been completed. Research of this nature would be of great benefit to health care organizations and staff development personnel who are about to approach, or return to, the downsizing process.

Dramatic changes within health care organizations also affect the organization's clientele. Research identifying the effects of downsizing on patients and their families, their feelings and experiences, would be of benefit. Additional roles may be available for staff development in the areas of client education.

Research of the nature described above will define and validate further the role of staff development in health care organizations during downsizing. In recognizing these additional voices such research will help to engage and empower all the players in health care organizations.

## References

- Anderson, G. L. (1989). Critical ethnography in education: origins, current status, and new directions. Review of Educational Research, 59 (1), 249-265.
- Barnes, D.J., Harmon, P., & Kish, J.P. (1986). A displacement orientation program: effects on transferred nurses. Journal of Nursing Administration, 16 (7&8), 45-50.
- Barr, M.J. and Associates (1993) The Handbook of Student Affairs Administration. San Francisco: Josey-Bass Publishers.
- Barrett, M.W. (1995). Downsizing: doing it rationally. Nursing Management, 26(5), 24-28.
- Billington, D.D. (1996). Seven characteristics of highly effective adult learning programs [On-Line]. Available: [Http://www.cyberspace.com/-building/article\\_billington1.html](http://www.cyberspace.com/-building/article_billington1.html).
- Bolman, L. & Deal, T. (1994). Looking for leadership: another search party's report. Educational Research Quarterly, 30(1), 24-28.
- Burford, K. (1996). The human side of change. The Bulletin, September-October.
- Carr, W. & Kemmis, S. (1994). Becoming Critical: Education, knowledge, and action research. Philadelphia: The Falmer Press.
- Cerney, J. (1996). Principles of adult learning. [On-Line]. Available: [Http://www.hcc.hawaii.edu/education/hcc/facdev](http://www.hcc.hawaii.edu/education/hcc/facdev).
- Cranton, P. (1989). Planning Instruction for Adult Learners. Toronto: Wall & Thompson.
- Curtain, L.L. (1993). Empowerment on eagles wings. Nursing Management, June, 7-8.
- Depre, M. (1989). Leadership is an Art. New York: Dell Publishing.
- Dobbin, L.C. (1993). Report on the Reduction of Hospital Boards. Carrick Consulting Services, St. John's, NF.

- Fullan, M. (1993). Change Forces: Probing the Depths of Educational Reform. London: The Palmer Press.
- Glesne, C. & Peshkin, A. (1992). Becoming Qualitative Researchers: An Introduction. New York: Longman.
- Godfrey, C. (1994). Downsizing: coping with personal pain. Nursing Management, 69(7), 201-203.
- Goldman, P., Dunlap, D.M., & Conley D.T. (1993). Facilitative power and non-standardized solutions to school site restructuring. The University Council for Educational Administration.
- Hanson, M.E. (1991). Educational Administration and Organizational Behaviour. Toronto: Allyn & Bacon.
- Ireson, C.L., & Powers, P.H. (1987). Relocation: the impact on staff nurses. Journal of Nursing Administration, 17(5), 15-20.
- Japsen, B. (1993). Study-downsizing causes more deaths and paperwork. Modern Healthcare, November, 18-19.
- Jolles, R.L. (1993). How to Run Seminars and Workshops. Toronto: John Wiley & Sons, Inc.
- Joyce, B. & Showers, B. (1988). Student Achievement through Staff Development. New York: Longman.
- Kanter-Moss, R. (1977). Power games in the corporation. Psychology Today, July, 48-52.
- Kubler-Ross, E. (1969). On Death and Dying. New York: Macmillan.
- Law, S. (1995). Move to improve education. Adult Learning, July, 12-13.
- LeCompte, M.D. & Preissle, J. (1993). Ethnography and Qualitative Design in Educational Research. Toronto: Academic Press Inc.
- Mackenzie, A.E. (1994). Evaluating ethnography: considerations for analysis. Journal of Advanced Nursing, 19, 774-781.
- Mann, T. (1995). Do we own our work. Presentation to the National Federation of Nurses Union. Charlottetown, P.E.I.

- Meisenholder, J.B. (1987). Anxiety: a block to clinical learning. Nurse Educator, 12(6), 27-30.
- Ninomiya, I.S. (1988). Wagonmasters and lesser managers. Harvard Business Review, March-April, 84-89.
- Pawlicki, E. (1994). Downsizing distress. Nursing Times, 90(10), 36-37.
- Quoteable Quotes. (1996). [On-Line] Available: [Http://www.lexmark.com/quote.html](http://www.lexmark.com/quote.html).
- Rozboril, A.J. (1987). Systematic downsizing: an experience. Journal of Nursing Administration, 17(9), 19-22.
- Russ, A.M. (1994). Downsizing: a survival kit for employees. Nursing Management, 25(7), 66-67.
- Sergiovanni, T.J. (1995). The Principalship: A Reflective Practice Perspective (Third Edition). Toronto: Allyn & Bacon.
- Shaw, E. (1995). The training-waste conspiracy. Training Today. April.
- Smith, D.R. (1995). Change: still an enigma to be faced. Hospital Materials Management Quarterly, May.
- Snyder, W. (1994). Hospital downsizing and increased frequency of assaults on staff. Hospital and Community Psychiatry, 45(4), 378-379.
- Staples, P., Baruth, P., Jeffries, M. & Warder, L. (1994). Empowering the angry patient. The Canadian Nurse, April, 28-30
- Strong, R.S., (1994). From Stress to Strength. Toronto: Bantam Books.
- Sudderman, E. (1995). Downsizing: implications for nurse educators in a hospital setting. Journal of Nursing Staff Development, 11(1), 7-12.
- The Royal Bank Letter. (1989). 70(6). Printed in Canada.
- Toffler, A. (1993). Powershift: Knowledge, Wealth, and Violence in the 21<sup>st</sup> Century. Toronto: Bantam Books.
- Tripp, Fr. (1990). Ministry in a climate of grief. Health Progress, March, 74-76.

- Watts, M.M. (1993). Downsizing health care. Western Journal of Medicine, 25(5), 28-30.
- Webber, L.J. (1994). Ethical downsizing-managers must focus on justice and human dignity. Health Progress, July-August, 24-26.
- Zenger, J.H. (1985). Leadership; management's better half. Training Magazine, December, 26-30.

## Appendix A



### **General Interview Guide - Employee**

1. Tell me how downsizing is affecting (has affected) your job, and your life?
2. How does (did) your facility handle the whole process, and what do you think about the way they handled it?
3. What things does (did) your facility do to make this time an easier one for you?
4. Does (did) your facility do specific things that make (made) this time more difficult for you?
5. What types of things would you like (have liked) your facility to do to make this an easier time for you?
6. What types of education or training do you feel could have been offered to you that would have helped?
7. What are some of the best ways in which this education or training could be (have been) offered?
8. Do you have any other comments that you would like to make about your experience with downsizing in your facility?

### **General Interview Guide - Staff Development Employee**

1. Tell me how downsizing is affecting (has affected) your job, and your life?
2. How does (did) your facility handle the whole process, and what do you think about the way they handle (handled ) it?
3. What does (did) your facility do to make this time an easier one for you?
4. Does (did) your facility do specific things that make (made) this time more difficult for you?
5. Do you feel that the needs of employees in the work and the learning environment change when downsizing is in process and/or after the process has been completed?
6. In what ways have you attempted to accommodate these changed needs by making changes and adjustments in your staff development practice?
7. Do you see that downsizing creates any special or additional roles for staff development personnel?
8. What do you feel would be the most effective means of program delivery for employees who are or have experienced downsizing?

## Appendix B

### *Participant Consent Form*

My name is Linda Mooney and I am a candidate in the Masters of Education Program at Memorial University of Newfoundland. I am currently conducting research into the effects of Downsizing on Health Care Employees. The purpose of this research is to determine the role that may be taken by Staff Development Personnel in helping to meet the special needs of employees during the downsizing process.

Your participation in this study is voluntary, and you may withdraw your consent to participate at any time. The study will involve a single  $\frac{1}{2}$  - 1 hour audiotaped interview (you will be provided with a copy of the guiding questions for this interview a minimum of 3 days prior to your interview). This audiotape will be transcribed and neither the tape nor the transcript will be shared with any other individual(s)..

The information obtained from your interview will be kept confidential, and it will be coded in such a way that it cannot be associated with the specific answers that you gave to interview questions. You will have the opportunity to review your transcribed tapes to assure accurate recording of your interview. You will be contacted when the research is completed, and given the opportunity to review the manuscript to ensure that you have not been personally identified and that the correct interpretation has been given to any of the opinions and comments that you expressed. All tapes and transcripts of your interview will be destroyed when the study has been completed.

The methods that are being used to conduct this research have met the ethical guidelines of the Faculty of Education at Memorial University. Dr. Clar Doyle of the Faculty of Education, is acting as my supervisor for this research.

You may make further inquiries regarding the nature of this research from Dr. Patricia Canning, Associate Dean, Research and Development, Memorial University of Newfoundland.

\*\*\*\*\*

I \_\_\_\_\_ (participant) hereby give my consent to participation in the study "Downsizing in Healthcare Facilities.....a comparative study of the role of staff development from the employee and the staff development perspective", undertaken by Linda Mooney. I understand that my participation is entirely voluntary, that I can withdraw my consent to participate at any time, that all information is strictly confidential, and that no individual will be identified.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Date

## Appendix C

# Corporate Values

## Respect for Persons

We respect the dignity of all persons.

## The Caring Community

We believe that care is shown by the attitudes and actions of our health care community.

## Justice and Fairness

We are committed to the most equitable allocation of available resources.

## Collaboration

We believe that communication, teamwork and partnerships are essential.

## The Pursuit of Excellence

We are committed to providing the highest standard of care delivered in a learning environment.

## Guiding Principles

- Ensure the Corporation, in partnership with other health care providers, delivers comprehensive health care services for individuals and groups of patients, while providing both the continuity and continuity of care.
- Expand the Corporation's focus on health care for patients/clients to include in the pursuit of the health and wellness of persons in the nation and, where indicated, the province.
- Involve members of the public and health care workers in listening, planning and decision-making about the Corporation.
- Stimulate dialogue among health care workers and members of the public on individual and societal responsibility for health and health care.
- Promote a just, fair and equitable environment for patients/clients, health care workers and other members of the public.
- Be accountable to Government as the public for the quality of health care and the appropriate and efficient use of resources.
- Evaluate the effectiveness of the Corporation.









